P1300022558

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SECRETARY OF STATE

APR 05 2013

R. WHITE

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Plasir Mind-Body, Inc. DOCUMENT NUMBER: P13000022558
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lauren E. Sonnenberg Name of Contact Person Lauren E Sonnenberg, LMHC Life Core, Inc. Firm/Company 9526 NE 2nd Ave., Suite 202 F Address Miami, FL 33138 City/State and Zip Code [esonnenberg @gmail. Com E-mail address: (to be) used for future annual report notification)
For further information concerning this matter, please call:
Lauren Sonnenberg at 305, 396-6360 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



of	SEORETAIN STILL
Plasir Mind-Body, Inc.	ALLA MELLE STATE
(Name of Corporation as currently filed with the F	
P13000022558	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	no spaces in Litelare = all one wood)
Lite Core, Inc.	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	(same address as Plasir Mind-Body)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(same address as Plasir Mind-Body)
D. If amending the registered agent and/or registered office address Name of New Registered Agent So me	
,	
(Florida str	eet address)
New Registered Office Address: (6ame)	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar of the second sec	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u> .	<u>Iohn Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change		NA	
Add			
Remove			
2) Change		NA	<u> </u>
Add			
Remove		(
3) Change		NA	
Add			
Remove			
4) Change		NA	
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Remove			
5) Change		NA	
Add		L	
Remove			
6) Change		NA	
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Remove			

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an amendr	ent provides for an ex	change, reclassific	cation, or cancell	ation of issued sh	ares.
rovisions f	r implementing the ar	nendment if not co	ontained in the a	mendment itself:	
(if not a	plicable, indicate N/A)				
1/A					
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The date of each amendment(s) adoption: 3/25//3
Effective date if applicable: 3/25/13 (or soonest possible date
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 3/25/13
Signature Jauren E Sonnenberg
(By a director, president of other officer - if directors or officers have not been
selected, by an incorporator – if in the hands of a receiver, to stee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)

Articles of Anticles of Anticles of Incomposition Plasir Mind - Body, Incomposition as currently filed with the Floring P130000022558 (Document Number of Corporation (if	SECRETARY OF STATE Orida Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: A. If amending name, enter the new name of the corporation: (recorporation in the word "corporation in the word "co	The new ""company," or "incorporated" or the abbreviation
word "chartered," "professional association," or the abbreviation "FB. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	(same address as Plasir Mind-Body)
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	(Same add 1685 as Plasir Mind-Body) ss in Florida, enter the name of the
Name of New Registered Agent (Sa rac) (Florida stree New Registered Office Address: (60 me) (City)	et address), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	

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X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		NA	
Add			
Remove			
2) Change		NA	
Add			
Remove		ſ	
3') Change		NA	
Add			e
Remove			-
4) Change		NA	
Add			
Remove			
5) Change		NA	
Ađd		¥.	
Remove			
		da	
6) Change		_ N\N	
Add			
Remove			

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The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated3/25/13
Signature (By 4 director, president of other officer – if directors or officer have not been selected, by an incorporator – if in the hands of a receiver, thistee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President (Title of person signing)