N130000032

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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FILING CANCELLED **RETURNED CHECK**

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AUG 2 3 2016

C LEWIS

COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: The Poinciana Lifestyle Corporation
DOCUMENT NUMBER: N13000003223
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hendrith Vanion Smith Jr. (Name of Contact Person)
(Name of Contact Person)
The Poinciana Lifestyle Corporation
(Firm/ Company)
-1608 Warren Avenue (Address)
(Address)
Hyattsville / Maryland 20785 (City/State and Zip Code)
(City/ State and Zip Code)
poinciana ond @ gnail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hendrith Vanlon Smith, Jr. at 301 232-2841 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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 Street Address Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

FILING CANCELLEDArticles of Amendment to RETURNED CHECK Articles of Incorporation

FILED SECRETARY OF STATE JIVISION OF CORPORATION:

The Poinciana Life	styla	Corp	porati	0 m 2811	AUG 12	PM 1: 3
(Name of Corporation as cu						
N 13 0000032	123					
(Document N	Number of Co	poration (i	f known)	· · ·		
ursuant to the provisions of section 617.1006, Florida S mendment(s) to its Articles of Incorporation:	tatutes, this F	lorida Not .	For Profit Co	<i>rporation</i> a	dopts the fo	llowing
. If amending name, enter the new name of the corp						
The Poinciana	Wellne	255 Ce	nter.	Inc		ho now
The Poincidna must be distinguishable and contain the word "concompany" or "Co." may not be used in the name.	poration" or	"incorpora	ted" or the al	bbreviation	"Corp." or	"Inc."
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDR	ESS)	N/	A			
		 				<u>. </u>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Ν/	A			<u> </u>
						
. If amending the registered agent and/or registered		ss in Florid	la. enter the	name of the		
new registered agent and/or the new registered of					•	
Name of New Registered Agent:	N	A				
			(Florida street a	ddress)		
New Registered Office Address:						
				, Florida		
	(City)			(Zip (Code)	
ew Registered Agent's Signature, if changing Regist sereby accept the appointment as registered agent. I a	t <mark>ered Agent:</mark> Im familiar wi	th and acce	pt the obligat	ions of the p	oosition.	
	Signatura	of Nav. Pag	ristered Agent	if ahanain	~	

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 X Remove X Add	PT John D V Mike Jo SV Sally Si	ones Decretories	CANCELLED NED CHECK		
Type of Action (Check One)	<u>Title</u>	Name	Address		
1) Change Add Remove	D, CEO	Hendrith Vanlon Smith Jr.	1608 Warren Avenue Hyattsville MD 20785		
2) Change Add Remove	S	John Lynagh	Hyatts ville MD 20785		
3') Change Add Remove	<u>T</u>	Damein Woods	Hyattsville MD 20785		
4) Change Add Remove	<u>C</u>	Drew Drourke	1608 Warren Avenue Hyattsville MD 20785		
5) Change Add Remove		· -			
6) Change Add Remove		Page 2 of 4			
		x met a vi y			

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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

(i) Purpose of this corporation: To help
women acheive holistic wellness in mind, body and soul
AND To educate Women and girls about health
and wellness lifestyles and practices. Also, to help
men and boys understand hotistic wellness from
a masculine perspective. AND 16 provide tools, resources,
a masculine perspective. Avois provide tools, resources, Knowledge, and wisdom to all people to help
them live joyfully and prosperously.
•

The date of each amendm		_, if other than the
date this document was sign Effective date <u>if applicabl</u>	August 22.	2016
Estective date <u>it applicabi</u>	(no more than 90 days after amendment file date)	
	n this block does not meet the applicable statutory filing requirements, this date will not length the Department of State's records.	oe listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) wa was/were sufficient for	s/were adopted by the members and the number of votes cast for the amendment(s) rapproval	
There are no members adopted by the board	April 1997	j
Dated	August 15, 201	ط
Signature	Hendoll	
(By	the chairman or vice chairman of the board, president or other officer-if directors be not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)	_
	Hendrith Van Ion Smith, Jr.	
•	(Typed or printed name of person signing)	
	Director, Founder, CEO (Title of person signing)	NAISON OF COLUMN
•	(Title of person signing)	NOF THE
	FILING CANCELLED	2 CARCE
7	RETURNED CHECK	2 75 5