480019

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COVER LETTER

Division of Corporations NAME OF CORPORATION: Future Health Concepts, Inc. DOCUMENT NUMBER: 480019 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ryan Cipparone, Esquire Name of Contact Person Cipparone & Cipparone, P.A. Firm/Company 1525 International Parkway, Suite 1071 Address Lake Mary, FL 32746 City/ State and Zip Code RCipparone@Cipparonepa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ryan Cipparone. Esquire Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

Future Health Concepts, Inc.

(Name of Corporation as currently	filed with the Florida Dept. of State)
480019	and was me social bept of blace
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	.; : : : : : : : : : : : : : : : : : : :
C. Carrier and C. Car	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
<u> </u>	
(Florida stree	
New Registered Office Address: (C	, Florida (Zip Code)
	·
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of New Reg	gistered 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>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VTD	Terry A. Karleskint	1565 Grace Lake Circle
Add X Remove			Longwood, FL 32750
2) Change	SD	Gerald F. Karleskint	315 Twelve Oaks Drive
Add X Remove			Winter Springs, FL 32708
3) Change	D	Richard L. Karleskint	205 Waterwood Drive
Add			Yalaha, FL 34797
Remove 4) Change			
Add	(E.E.)		
Remove			
5) Change Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	÷	
			
		 	
			
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f an amendment provides for an exch			h
provisions for implementing the ame	dment if not contained in	the amendment itself	nares,
(if not applicable, indicate N/A)			
·			

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	15/18	
Signature	Her Bulul	
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other cour inted fiduciary by that fiduciary)	
	James G. Karleskint	
	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	



December 6, 2018

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Future Health Concepts, Inc.

To Whom It May Concern:

My firm represents Future Health Concepts, Inc. Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Incorporation Future Health Concepts, Inc., and my firm's check in the amount of Thirty Five and No/100 Dollars (\$35.00) for filing fees. As you can see, the company is removing three Directors.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

/s/ Ryan Cipparone

Ryan Cipparone

RC/jmb Enclosure

cc: Client (via Email)