| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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FEB 1 8 2019 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Future Hea | alth Concepts, Inc. | | | | | |
|--|--|--|--|--|--|--|
| DOCUMENT NUMBER: 480019 | | | | | | |
| The enclosed Articles of Amendment and for | ee are submitted for filing. | | | | | |
| Please return all correspondence concerning | this matter to the following: | | | | | |
| Ryan Cipparone, Esc | quire | | | | | |
| | Name of Contact Perso | n | | | | |
| Cipparone & Cipparo | Cipparone & Cipparone, P.A. | | | | | |
| | Firm/ Company | | | | | |
| 1525 International Pa | 1525 International Parkway, Suite 1071 | | | | | |
| . | Address | | | | | |
| Lake Mary, FL 327- | 46 | | | | | |
| | City/ State and Zip Coc | le | | | | |
| RCipparone@CipparonePA | A.com | | | | | |
| | (to be used for future annual report | notification) | | | | |
| | · | | | | | |
| For further information concerning this matt | ter, please call: | | | | | |
| Ryan Cipparone, Esquire | at (321 | 275-5914 ode & Daytime Telephone Number | | | | |
| Name of Contact Person | Area Co | ode & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amoun | nt made payable to the Florida Dep | artment of State: | | | | |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of \$ | | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amene Divisio Cliftor | Address Iment Section on of Corporations Building Executive Center Circle | | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| amendment(s) to The new previation intain the |
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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.

| X Change | <u>PT</u> | John De | <u>oe</u> | | |
|----------------------------|--------------|-------------|------------------|---------------------|--|
| X Remove | <u>v</u> | Mike Jones | | | |
| X Add | <u>sv</u> | Sally S | <u>mith</u> | | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | CEO | ~ | Donna Karleskint | 1211 E. 30th Street | |
| X Add | | | | Sanford, FL 32773 | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | _ | | | |
| Remove | | | | | |
| 3) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | <u> </u> | | | |
| Add | | | | | |
| Remove | | | | | |
| 51 CT | | | | | |
| 5) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an adment if not contained in the amendment itself: |
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| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|--|---|---------------------------|
| Effective date if applicable: | | |
| Effective date it appricable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing requirements, this date vepartment of State's records. | vill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were aby the shareholders was/were | lopted 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 for | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes car | t for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | dopted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were action was not required. | lopted by the incorporators without shareholder action and shareholder | |
| Dated 2 · 8 | 2019 Day 1/ 1/2/ | |
| tBy a select | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) | |
| | James G. Karleskim | |
| | (Typed or printed name of person signing) | |
| | President/Director | |
| | (Title of person signing) | |