L07882

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Absolutely Natura	al Inc	
DOCUMENT NUMBER: L07882		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Daniel Richards		
	Name of Contact Person	<u></u>
Absolutely Natural Inc		
	Firm/ Company	
640 Atlantis Rd		
	Address	
Melbourne FL 32904		
	City/ State and Zip Cod	e
joanm@absolutely-natural.com		
E-mail address: (to be u	used for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Daniel Richards	at (³²¹	728-7191
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(N) CO (1		11 5 4 66(4)	
(Name of Corporation as cu	irrently lifed with the Fig	origa Dept. of State)	
Absolutely Natural Inc.			
(Document Nur	mber of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Corp</i>	poration adopts the follow	ving amendment(s)
A. If amending name, enter the new name of the corporati	on: NA		
			The second
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia	" or "Co". A profession		
B. Enter new principal office address, if applicable:	NA		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	•		
			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u>~~</u>		
D. If amending the registered agent and/or registered office		er the name of the	
new registered agent and/or the new registered office a	ddress:		
Name of New Registered Agent N A			
(Flo	rida street address)		
New Registered Office Address:		, Florida	
The state of the s	(City)		ip Code)
		* 	_
			້ ຈ
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fan	miliar with and accept the	obligations of the position	I. i.e.comm) R
		1 (mil)	i ijeri
G(I)		- · · · · · · · · · · · · · · · · · · ·	> # ⁴ , \$, ==q
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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>V</u>	Lindsey Barber	42 Mohican Way
Add			Melbourne Beach, FL 32951
X Remove			
2) Change	V	Daniel Richards	115 Ocean Spray Ave.
XAdd			Satellite Beach, FL 32937
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
NA	
	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NA	

The date of each amendment(s) adoption: 6 21 20 6	, if other than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
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)	
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	
$\rho = \rho + \lambda$	
Signature On a River	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Λ.	