N00000005142

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Visionary Centers International Inc.

DOCUMENT NUMBER: N00000005142

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynne Barletta
(Name of Contact Person)

Visionary Centers International Inc
(Firm/ Company)

1724 Se. Indian St
(Address)

Stuart, FL 34997
(City/ State and Zip Code)

openheaven@me.com
E-mail address: (to be used for future annual report notification)

2017 OCT 26 AM 10:

For further information concerning this matter, please call:

Lynne Barletta at 772-834-8844
(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 ☐ $43.75 Filing Fee & Certificate of Status ☐ $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
Tallahassee, FL 32314

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

2017 OCT 26 AM 11: 06

Articles of Amendment
to
Articles of Incorporation
of

Visionary Centers International INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

N00000005142
(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this ***Florida Not For Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_______________ *The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."* ***"Company" or "Co." may not be used in the name.***

B. Enter new principal office address, if applicable: _______________
(Principal office address MUST BE A STREET ADDRESS) _______________

____

C. Enter new mailing address, if applicable: _______________
(Mailing address MAY BE A POST OFFICE BOX) _______________

____

____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _______________

____
(Florida street address)

New Registered Office Address:

_______________, Florida _______________
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

____
Signature of New Registered Agent, if changing

Same

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) X Change	P	Jolinda P. Sidio	4?? N. Cypress DR
___ Add			16E
___ Remove			Tequesta, FL 33469
2) ___ Change	___	___	___
___ Add			___
___ Remove			___
3) ___ Change	___	___	___
___ Add			___
___ Remove			___
4) ___ Change	___	___	___
___ Add			___
___ Remove			___
5) ___ Change	___	___	___
___ Add			___
___ Remove			___
6) ___ Change	___	___	___
___ Add			___
___ Remove			___

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

N/A

The date of each amendment(s) adoption: 8-1-2017, if other than the date this document was signed

Effective date if applicable: 8-1-2017

(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/21/17

Signature [signature]

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Tony Barletta

(Typed or printed name of person signing)

Vice President

(Title of person signing)