NO1000004527

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600301749696

97/27/17--01004--005 **35.00

SAFET III 27 AM 10° 3°

1.2015.415

COVER LETTER

| *O: Amendment Section Division of Corporations | ı |
|---|----------------------|
| Palm Geneties, ine | + |
| DOCUMENT NUMBER: NO 10000 04527 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| (Name of Contact Person) | <u> </u> |
| (Name of Contact Person) | |
| | (<u>c</u> fr |
| (Firm/ Company) | : #1 _{.D} . |
| | |
| (Address) | |
| Palm Beach Gardens FL 33418 | |
| (City/ State and Zip Code) | |
| | |
| E-mail address: (to be used for future annual report notification) | |
| for further information concerning this matter, please call: | |
| Mille Lansont at 561- 373-4697 | |
| (Name of Contact Person) (Area Code) (Daytime Telephone Number) | |
| Inclosed is a check for the following amount made payable to the Florida Department of State: | |
| \$35 Filing Fee | |
| Mailing Address Street Address | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | |
| P.O. Box 6327 Clifton Building | |
| Tallahassee, FL 32314 2661 Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment

- to

| Articles of | Incorp | oration |
|-------------|--------|---------|
|-------------|--------|---------|

| of the second se | |
|--|--|
| e healing and Cheative arts center of the Palm Beac | hes, Inc |
| (Name of Corporation as currently filed with the Florida Dept. of State) | , |
| NO1 0000 04527 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: | Tale and the second |
| A. If amending name, enter the new name of the corporation: | 933 |
| 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. | 1 The second sec |
| B. Enter new principal office address, if applicable: | ار با الله الله الله الله الله الله الله ا |
| (Principal office address MUST BE A STREET ADDRESS) | Ç. |
| | |
| | |
| 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: | |
| Same of New Nextstered Agent. | |
| (Florida street address) | |
| New Registered Office Address: | |
| | |
| (City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agent: Lhordry accept the appointment as registered agent. Lam familiar with and accept the obligations of the position. | |
| | |
| , | |
| 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 X_Remove X_Add | | Doe Jones Smith | } | |
|----------------------------------|--------------|-----------------------|---------------------------------------|---|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change Add Remove | PT | <u>Joel</u> | Lansint | 153 Viera Drue Pulm beach tourlins Pl 33418 |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | · | |
| Remove | | | | |
| 4) Change | | | · · · · · · · · · · · · · · · · · · · | |
| Add | | | | |
| Remove | | | ı | |
| | | | | |
| 5) Change | | | · · · · · · · · · · · · · · · · · · · | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| Hamending or adding additional Articular (attach additional sheets, if necessary). | icies, enter change(s) here: (Be specific) |
|--|--|
| | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| | / |
| | |
| | |
| | |
| | i |
| | |
| | <u> </u> |
| / | |
| / | |
| 1 | |
| | <u> </u> |

Page 3 of 4

| The date of each amer date this document was | | , if other than the |
|--|--|---------------------------|
| uate this document was | 1-23-11 | |
| Effective date <u>if appli</u> | Kank . | |
| | (no more than 90 days after amendment file date) | |
| | ted in this block does not meet the applicable statutory filing requirements, this date walte on the Department of State's records. | rill not be listed as the |
| Adoption of Amendm | nent(s) (<u>CHECK ONE</u>) | |
| The amendment(s was/were sufficien | s) was/were adopted by the members and the number of votes east for the amendment() nt for approval. | s) |
| ☐ There are no mem adopted by the bo | nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors. | |
| Dated | Maurien Lanat | |
| Signature | e Maurien Lanat | |
| | (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) | i |
| | (Typed or printed name of person signing) | |
| | (Typed or printed name of person signing) | |
| | Dire etor | |
| | (Title of person signing) | |
| | | |
| | , | |
| | • | |
| | } | |
| | ı | |
| | | |
| | | |