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TO: Amendment Section Division of Corporations

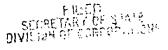
HELP OBESITY PREVENTION EDUCATION CORP.	
N0700009250	
OCUMENT NUMBER:	
e enclosed Articles of Amendment and fee are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
EEPTI HDR SADHWANI	
(Name of Contact Person)	
ELP OBESITY PREVENTION EDUCATION CORP	
(Firm/ Company)	
2920 US HWY 1 SUITE B	
(Address)	
EBASTIAN, FL 32958	
(City/ State and Zip Code)	
ENSATIONSMEDISPA@GMAIL.COM	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
EEPTI HDR SADHWANI 772 228-8480	
(Name of Contact Person) (Area Code) (Daytime Telephone Number)	
sclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed) 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

Articles of Amendment to Articles of Incorporation of



15 SEP 17 PM 12: 52

HELP OBESITY PREVENTION EDUCATION COI	रा	
(Name of Corporation as	currently filed with the Flori	da Dept. of State)
N07000009250		
(Documen	t Number of Corporation (if kn	own)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	The new " or the abbreviation "Corp." or "Inc."
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, office address:	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Flo	rida street addressj
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept t	the obligations of the position.
	Signature of New Regist	ered Avent 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	PT John I V Mike J SV Sally S	<u>fones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	ROHAN SADHWANI	1840 DAY VIEW COURT
X Add			VERO BEACH, FL 32963
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

						
						
						
						
						
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		FILMS. SECRETARY UP STATE OLYTOPH GE SORPOR, if other than the
The date of each amendment(s) add date this document was signed.	option:	DIVINGE (3) will be it of ther than the
Effective date <u>if applicable</u> :		15 SEP 17 PM 12: 52
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this blo document's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac was/were sufficient for approva	opted by the members and the number of	votes cast for the amendment(s)
There are no members or members adopted by the board of directors	ners entitled to vote on the amendment(s) irs.	. The amendment(s) was/were
Dated	7 0	
Signature		
(By the chair have not be	man or vice chairman of the board, presion selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	dent or other officer-if directors hands of a receiver, trustee, or
&	Deepti Sadhwori (Typed or printed name of	person signing)
(X)	Sal (Title of parson	