## NONDOUDOW

| (I                     | Requestor's Name)       |                                       |
|------------------------|-------------------------|---------------------------------------|
| (/                     | Address)                |                                       |
| (/                     | Address)                |                                       |
|                        | City/State/Zip/Phone #) | · · · · · · · · · · · · · · · · · · · |
| PICK-UP                | ☐ WAIT                  | MAIL                                  |
| (E                     | Business Entity Name)   |                                       |
| I)                     | Document Number)        |                                       |
| Certified Copies       | Certificates of         | Status                                |
| Special Instructions t | to Filing Officer:      |                                       |
| ·                      |                         |                                       |
|                        | •                       |                                       |
|                        |                         |                                       |

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SECRETARY OF STATE IVISION OF CORPORATIONS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR                                | PORATION: FREE HEAL                        | TH FOUNDATION, INC   |   |
|--|--|--|---|
| DOCUMENT NU                                | MBER: <u>N07000010060</u>                  |  |   |
| The enclosed Artic                         | cles of Amendment and fee a                | re submitted for filing.   |   |
| Please return all co                       | orrespondence concerning thi               | s matter to the following:   |   |
| JOL  | NATHAN EDELHEIT                            |  |   |
|  | (Name                                      | of Contact Person)   |   |
| ,  | (Fit                                       | rm/ Company)   |   |
| 111  | 50 83RD LANE NORTH                         | (Address)  |   |
| \ <i>\</i> (E                              | CT DAIM DEACH EL 2                         | (Audiess)  |   |
| VVE  | ST PALM BEACH, FL 3 (City/ S               | tate and Zip Code)   | <del></del>   |
| For further inform                         | ation concerning this matter,              | please call:   |   |
| JONATHAN EDELHEIT (Name of Contact Person) |  | at ( 561 ) 756-40<br>(Area Code & Daytim   | 23<br>le Telephone Number)  |
| Enclosed is a chec                         | k for the following amount n               | nade payable to the Florida De   | partment of State:  |
| <b>✓</b> \$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) |
| P.O. Box 6                                 | nt Section<br>f Corporations               | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 |   |

## Articles of Amendment to Articles of Incorporation of

|   | ALTH FOUNDATION, INC  | <b>=</b>           |
|---|---|--------------------|
| (Name of Corporation as cur   | rently filed with the Florida Dept. of State)                             |                    |
|   | N07000010060  | <b></b>            |
| (Document Nu  | umber of Corporation (if known)   |                    |
| uant to the provisions of section 617.1006 ollowing amendment(s) to its Articles of           | 6, Florida Statutes, this Florida Not For Profe<br>Incorporation:         | it Corporation ado |
| famending name, enter the new name  | of the corporation:   |                    |
| ERNATIONAL HEALTH AND   | WELLNESS FOUNDATION, IN   | C                  |
| new name must be distinguishable and  | contain the word "corporation" or "incorp                                 |                    |
| reviation "Corp." or "Inc." <u>"Company"</u>  | or "Co," may not be used in the name.                                     |                    |
| Enter new principal office address, if ap   |   |                    |
| ncipal office address <u>MUST BE A STRE</u>   | <u>(ET ADDRESS</u> )  | 0                  |
|   |   | 09 JAN 27 PM       |
|   |   | 2                  |
| Enter new mailing address, if applicable Mailing address MAY BE A POST OFF                    |   | 70                 |
| Mauing dauress MAI BE A FOST OFF  | TICE BUX  | <del></del>        |
|   |   |                    |
|   |   |                    |
| If amending the registered agent and/or new registered agent and/or the new registered Agent: | r registered office address in Florida, enter<br>gistered office address: | the name of the    |
| New Registered Office Address:  | (Florida street address)  |                    |
|   |   | Florida            |
|   | (City)  | (Zip Code)         |
| Registered Agent's Signature, if change reby accept the appointment as register tion.         | ging Registered Agent: red agent. I am familiar with and accept to        | the obligations of |
|   | Signature of New Registered Agent, if chang                               | ina                |

## . 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) <u>Address</u> **Type of Action** <u>Title</u> <u>Name</u> ☐ Add ■ Remove 📮 Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendment                            | (s) adoption: 01/30/2009   |
|---|--|
| Effective date if applicable:                         | 01/30/2009   |
| mapphenous.   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                              | (CHECK ONE)  |
| The amendment(s) was/wer was/were sufficient for appr | re adopted by the members and the number of votes cast for the amendment(s) roval.   |
| There are no members or radopted by the board of dir  | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.   |
| Dated_01/2  | 3/2009   |
| Signature   | South & Gdellett   |
| hav   | the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary) |
|   | JONATHAN EDELHEIT  |
|   | (Typed or printed name of person signing)  |
|   | President  |
|   | (Title of person signing)  |

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