## 10800009469

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800315239498

07/03/18--01007--011 \*\*52.50

FILED SECRETARY OF STATE &

UUL 1 O 2018 C MCNAIR

## **COVER LETTER**

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: BRIDGES OF WEILNESS, ANG		
	2	- <u>0.,</u>
DOCUMENT NUMBER: 108000009469	<b>=</b>	15103 15035
The enclosed Articles of Amendment and fee are submitted for filing.	=` !_	95
Please return all correspondence concerning this matter to the following:	د <del>ک</del>	10 Y
Rev Chagles D GEddes	=	X (C)
(Name of Contact Person)	<b>—</b>	
Bridges of Wellness, And		
1881 NE 26th 5t Suite 244		
FT LOUDER dale FL 33305		
(City/ State and Zip Code)		
Charles Bridges OF Wellness. Com E-mail address: (to be used for future annual report notification)	_	
For further information concerning this matter, please call:		
(Name of Contact Person)  (Name of Contact Person)  (Area Code)  (Daytime Telephone Number)		
(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:		516
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Status Certified Copy (Additional Copy is Enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

2818 HH 3

	o <b>f</b>	2010 JUL -3 AM 11: 24
Daidaes (	337113W 7C	E Dac
(Name of Corporation:	as currently filed with the Flo	orida Dept. of State)
11080000	94489	
(Docum	ent Number of Corporation (if	known)
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this <i>Florida Not F</i>	or Projit Corporation adopts the following
A. If amending name, enter the new name of the same must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	Situal E	The new
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	ie. TV/A	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE B</u>	ox) ~ \_	
D. If amending the registered agent and/or registeness new registered agent and/or the new registered	ered office address in Florida Loffice address:	enter the name of the
Name of New Registered Agent:	17/6	
<u>New Registered Office Address:</u>	(F.	lorida street address)
_		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Re- hereby accept the appointment as registered agent.	<mark>ristered Agent:</mark> I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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: \(\tau / \text{\rightarrow} (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 = ChiefExecutive 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 E           V         Mike J           SV         Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add	<del></del>		
Remove			
		Page 2 of 4	

E. If amending or adding additional Art	ticles, enter change(s) here:
(attach additional sheets, if necessary).	(Be specific)
ATTION OF THE PARTY OF THE PART	· • • • • • • • • • • • • • • • • • • •

NEW PURPOSE STATEMENT - ARTICLE II - 1st Paragraph Only

PURPOSE	
The purpose of this Spiritual Center is to create bridges of understanding	
through universal spiritual principles that encourage compassion, deepen	
communication and expand knowledge through forums, educational and	
inspirational classes and getherings for the state of the	_
inspirational classes and gatherings for physical, mental, and social well-	
being. We encourage open discussion and deepened study through	
curriculums that expand, enrich and empower individual lives and positive impact the communities in which we live.	ly
	_
	_
	_
	_
	_
	_
	_
	_
	_
	-
	_
	_
	_
	_
	-

The date of each amendment(s) adopt date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this date will not be ment of State's records.	listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated Sune	28,2018	
Signature	Ses DGESDES	
(By the chairman have not been sel	or vice chairman of the board, president or other officer-if directors lected, by an incorporator - if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
Pa	resident	
	(Title of person signing)	