N0900003357

(Red	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Eating Better,	Feeling	Bette	er, Living Be	tter, Inc.
DOCUMENT NUMI	BER: N09000003357				
The enclosed Articles	of Amendment and fee are sub	omitted for	r filing.		
Please return all corres	spondence concerning this mat	ter to the	following	g:	
	······································	thia Brov			
	(Name of	Contact I	Person)	1	
	Eating Better, Feelir	ng Better	, Living	Better, Inc.	
	(Firm	n/ Compar	y)		
	704 🖺	minhan C	·44		
		Fisher S Address)	treet		
	(4	1001033)			
	Pensac	ola, FL 3	32503		
**************************************	(City/ Sta	te and Zip	Code)		
	cynthiawalke E-mail address: (to be use				on)
	•		ic amilian	report nourieati	511)
For further information	n concerning this matter, pleas	e call:			
Cynthia Brown		at (850	, 433-5197	
	of Contact Person)		(Area	Code & Daytime	Telephone Number)
Enclosed is a check fo	r the following amount made p	payable to	the Flori	da Department o	f State:
	☐ \$43.75 Filing Fee & . Certificate of Status	Certif	fied Copy itional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address			Address	·
	dment Section of Corporations			dment Section on of Corporations	
	on of Corporations fox 6327			n Building	
Tallahassee, FL 32314 2661 Executive Center Circle		ircle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

(Name of Corporation as current)	ly filed with the Florida Dèg	thorstare FE, FEORITO
N0900	0003357	
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flo he following amendment(s) to its Articles of Incor	•	ot For Profit Corporation adopts
A. If amending name, enter the new name of the	e corporation:	
The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "		
B. Enter new principal office address, if applica	ıble:	
Principal office address <u>MUST BE A STREET A</u>	IDDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
	· ·	
D. If amending the registered agent and/or regi	stered office address in Flor	ida, enter the name of the
new registered agent and/or the new register		
Name of New Registered Agent:		<u></u> .
New Registered Office Address:	(Florida street addres	<u>s)</u>
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Is hereby accept the appointment as registered agrees to be solved.		nd accept the obligations of the
	•	
Sign	ature of New Registered Agei	nt, 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)			
Title	<u>Name</u>	Address	Type of Action
			
<u></u>			— ~
			Add Remove
(attach a	additional sheets, if necessary) cose of Eating Better, Fee	ling Better, Living Better, Inc. is	
		cational, or scientific purposes and operated under the relevant pr	
		led, and under the Florida Nonpr	
-			

The date of each amendment(s)	adoption: 4-17-V
•	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were a was/were sufficient for approv	adopted by the members and the number of votes cast for the amendment(s) ral.
There are no members or mer adopted by the board of direct	mbers entitled to vote on the amendment(s). The amendment(s) was/were tors.
Dated_4/17/11	1
Signature	2 this to me
(By jird have n	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Cynthia Brown
_	(Typed or printed name of person signing)
_	President
_	(Title of person signing)