

N09000004334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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06/11/09--01048--019 \*\*52.50

FILED  
09 JUL 14 AM 8:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Mc*  
*Heavis*  
*7-14-09*

*\*00789, 04076, 00707, 00674*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2009

Saint-Fort Equilaire  
Wellnessfield, Inc.  
1826 Bramblewood Dr.  
Orlando, FL 32818

SUBJECT: WELLNESSFIELD, INC  
Ref. Number: N09000004334

We have received your document for WELLNESSFIELD, INC and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Corporations may file using only the corporate name. If you wish to register your fictitious name you may do so by filing the enclosed application. The filing fee is \$50.00, the \$52.50 previously sent can be applied to the fictitious name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 709A00022639

RECEIVED  
2009 JUL 14 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: WELLNESSFIELD, INC

DOCUMENT NUMBER: N090000004334

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAINT-FORT EGUILAIRE  
(Name of Contact Person)

WELLNESSFIELD, INC.  
(Firm/ Company)

1826 BRAMBLEWOOD DR.  
(Address)

ORLANDO, FLORIDA 32818  
(City/ State and Zip Code)

guyaction3@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAINT-FORT EGUILAIRE at ( 407 ) 715-2000  
(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:

☐ \$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)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2009

Saint-Fort Equilaire  
Wellnessfield, Inc.  
1826 Bramblewood Dr.  
Orlando, FL 32818

SUBJECT: WELLNESSFIELD, INC  
Ref. Number: N09000004334

We have received your document for WELLNESSFIELD, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 509A00020149

Articles of Amendment  
to  
Articles of Incorporation  
of

WELLNESSFIELD, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000004334

(Document Number of Corporation (if known))

FILED  
09 JUL 14 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Wellness Field, Inc.

The new 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.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 593059  
ORLANDO,  
FLORIDA 32859

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:

N/A

New Registered Office Address:

(Florida street address)

N/A

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption:

05/01/2009

(date of adoption is required)

Effective date if applicable:

N/A

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

06/23/09

Signature

(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)

SAINT-FORT EGUILAIRE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)