N09000004334

. (Re	equestor's Name)	·
(Ac	ldress)	
(Ac	ldress)	
. (Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100156814471

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

OS JUL 14 AM \$: 52

News 7-14-09

X00789, 04076,00707,00674



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2009

Saint-Fort Eguilaire 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.

Letter Number: 709A00022639

Thelma Lewis
Document Specialist Supervisor



COVER LETTER

FO: Amendment Section Division of Corporations

NAME OF CORPORATION: WELLNESS	FIELD, INC
DOCUMENT NUMBER: NO90000	04334
The enclosed Articles of Amendment and fee are submit	ted for filing.
Please return all correspondence concerning this matter t	o the following:
SAINT-FOR (Name of Con	RT EGUILAIRE ntact Person)
WELLNESS (Firm/ Co	SFIELD, INC.
1826 BRAMBLE	WOOD DR.
ORLANDO, FLORI (City/ State at	DA 32818 nd Zip Code)
Guyation 3 0 9 For further information concerning this matter, please ca	
SAINT-FORT EGUILATRE (Name of Contact Person)	at (<u>407</u>) <u>715-2000</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made paya	ble to the Florida Department of State:
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 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



June 15, 2009

Saint-Fort Eguilaire 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.

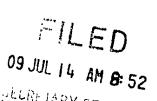
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Letter Number: 509A00020149

Annette Ramsey Regulatory Specialist II

Articles of Amendment to Articles of Incorporation



of	AM I
(Name of Corporation as currently filed with	TALLAHASSEE. FL
1 00 00 00 00 1 7 7 1	ii the Pioritia Dept. of State)
N 09000004334	
(Document Number of Corpor	ation (if known)
Pursuant to the provisions of section 617.1006, Florida Statut the following amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporat	ion:
wellness Field Inc	
The new name must be distinguishable and contain the word abbreviation "Corp." or "Inc." "Company" or "Co." may n	rd "corporation" or "incorporated" or the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	
Name of New Registered Agent:	N/A
New Registered Office Address: (Flo	orida street address) NA , Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I as position.	
	NA
Signature of Ne	ew 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)

Title	<u>Name</u>	Address	Type of Action
N/A	NA		☐ Add☐ Remove
	 		☐ Add ☐ Remove
(attach ac	dditional sheets, if necessary	articles, enter change(s) here:). (Be specific)	
			· · · · · · · · · · · · · · · · · · ·
			, , , , , , , , , , , , , , , , , , ,

The date of each amendment(s) ac	
Effective date if applicable:	(daté ôf adoption is required)
	(no more than W days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or membadopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were is.
Dated Ob	123 /09 / multiple
have not	chairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator – if in the hands of a receiver, trustee, or an appointed fiduciary by that fiduciary)
	SAINT-FORT EGuilaire (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)