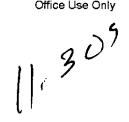
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
•			

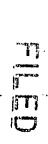
Office Use Only





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October 15, 2009

DESIR KITTLY BISCAYNE WELLNESS TRAINING ACADEMY INC 13899 BSCAYNE BLVD 155 NORTH MIAMI BEACH, FL 33181

SUBJECT: BISCAYNE WELLNESS TRAINING ACADEMY, INC

Ref. Number: N0900005804

We have received your document for BISCAYNE WELLNESS TRAINING ACADEMY, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 009A00033024

## **COVER LETTER** •

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: 315Cay No	well restra	vening Academy. Inc		
DOCUMENT NUMBER: N 090000	5884			
The enclosed Articles of Amendment and fee are submitt	ed for filing.			
Please return all correspondence concerning this matter to	the following:			
Name of Con	ES/R ntact Person)			
7600 EMBOUL	Mpany)  BUUD	2009 HOV		
Minanor FL (City/ State and	•	ARY OF STATE		
E-mail address: (to be used for	of a of com	on)		
For further information concerning this matter, please call:				
Han othe Bozile Registered for (Name of Contact Person)	Area Code & Daytime	595 Telephone Number)		
Enclosed is a check for the following amount made payab	ole to the Florida Department of	State:		
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 Ci	, and the second		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

01	
DISCAUNE WELLNE	SETRAINING ACADEMY DIC
(Name of Corporation as currently filed wi	
N 0900000 580	The state of the s
(Document Number of Corpo	
` ·	美元 6
Pursuant to the provisions of section 617.1006, Florida Statuthe following amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation Adopts
A. If amending name, enter the new name of the corpora	tion:
The new name must be distinguishable and contain the woabbreviation "Corp." or "Inc." "Company" or "Co." may be	ord "corporation" or "incorporated" or the
B. Enter new principal office address, if applicable:	13899 BISCOYNEBLUS #155
(Principal office address <u>MUST BE A STREET ADDRESS</u>	Nor 14 MATI Beach
	NOT IN THE SECUL
	FL 33181
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7600 Embouy BLUD MIRAHAR FL 33023
	<del>-</del>
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office a	
Name of New Registered Agent:	
New Registered Office Address: (Fl	lorida street address)
•	Plant de
	, Florida (City) (Zip Code)
Nam Designated Assessed Assessed Clauses	•
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I a position.	
Signature of N	ew Registered Agent, if changing

If amending the Officers and/or Directors, enter the title, and name of each officer/director being temoved 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>	Type of Action		
			☐ Remove		
	ding or adding additional Aradditional Aradditional sheets, if necessary).				
			<del></del>		
<del> , , , .</del>		<u> </u>			
<u> </u>					
	•				

The date of each amendment(s) adoption:
Effective date if applicable: IHHEOLATELY
(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
Signature
(By the 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)
KIHLY DESIR
(Typed of printed name of person signing)
XRe Dident
(Title of person signing)