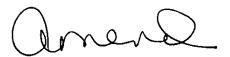
N10000002904

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SECRETARY OF STATE

180R 18/26/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GROWING H	EALTHY KIDS I	NZYDE	OUT INC.	
DOCUMENT NUMI	BER: N10000002906	- Marin Vi Alexandra - Anna			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	VONE	A COLBERT			
	(Name o	f Contact Person)			
	GROWING HEALTH	IY KIDS INZYDE (OUT INC.		
		n/ Company)			
************************************	3601 SW ROSSER BLVD				
	` (Address)			
	PORT ST	LUCIE, FL 34953			
		te and Zip Code)	•	· · · · · · · · · · · · · · · · · · ·	
	MONEY MAKE		.0.14		
-	E-mail address: (to be use	R001@YAHOO.C		ion)	
For further information	n concerning this matter, pleas				
DAVID THOMAS		at (772)	202-8335		
(Name o	of Contact Person)	(Area Coo	le & Daytim	e Telephone Number)	
Enclosed is a check fo	r the following amount made [payable to the Florida	Department	of State:	
¥\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing I Certified Copy (Additional copy enclosed)		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		Street Ad		,	
	Iment Section on of Corporations		Amendment Section		
	ox 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation o f



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GROWING HEALTHY KIDS INZYDE OUT INGTARY OF STATE (Name of Corporation as currently filed with the Florida DALL ANSAGE E. FLORID)

N10000002906

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· · · · · · · · · · · · · · · · · · ·	/A	
he new name must be distinguishable and contain breviation "Corp." or "Inc." "Company" or "C		ated" or the
3. Enter new principal office address, if applicat Principal office address <u>MUST BE A STREET Al</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>ox</i>) N/A	
	designation on the state of the	
If amending the registered agent and/or registered new registered agent and/or the new registere Name of New Registered Agent:		e name of th
new registered agent and/or the new registere	office address:	e name of the
new registered agent and/or the new registere	office address:	e name of th
new registered agent and/or the new registere Name of New Registered Agent:	N/A (Florida street address)	e name of the

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)

Title Address Type of Action Name N/A □ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 4.9 Said organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions that to organizations that qualify as exempt organizations under section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

The date of each amendmen	t(s) adoption: 08/15/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_08/1	5/2011
Signature	P
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator — if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	DAVID THOMAS
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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