N1000000000057

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	• #)	
PICK-UP	☐ WAIT	MAIL	
. (Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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DIVISION OF CORPORATIONS

11 NOV 29 PH 2: 32

Amend 11/29/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Premier	Wellness Consultants, clace
• . •	0000 7057
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Elzbi	eta Kubek
	ne of Contact Person)
Prem	her Wellness Consultants, chic.
	Firm/ Company)
156	o s. French Ave.
	(Address)
Sai	nford, Fr 32792
(City	/ State and Zip Code)
ella tweety -	77 @ yahoo. Lom Tor future annual report notification)
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Elzbieta Kubek	at (407) 252 - 5605 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$\begin{align*} \text{\$\subseteq\$} \$\
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2011

ELIBIETA S. KUBEK PREMIER WELLNESS CONSULTANTS, INC. 1560 S. FRENCH AVE SANFORD, FL 32792

SUBJECT: PREMIER WELLNESS CONSULTANTS, INC.

Ref. Number: N10000007057

We have received your document for PREMIER WELLNESS CONSULTANTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(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.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 611A00025927

Articles of Amendment

Articles of Incorporation

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

N 10000007057
(Document Number of Corporation (if known)

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:

~.	n amenung	manne, enter	the new	maine or	THE COL	poration.

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 applical (Principal office address MUST BE A STREET A.		
		NOV 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u> </u>	2
D. If amending the registered agent and/or regis new registered agent and/or the new registered		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R		ablications of the position

Signature of New Registered Agent, if changing

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director. (Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.) Title(s) Name Address 1)____ 5)____ If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) <u>Name</u> Title(s) Name Lorena Enyedy

If amending or adding additional Art attach additional sheets, if necessary).	·		
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The	date of each amendment	(s) adoption: (1 /1 /2 <i>011</i>	
Effe	ctive date <u>if applicable</u> :	11/1/2011	
		(no more than 90 days after am	nendment file date)
Ado	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/w was/were sufficient for ap	ere adopted by the members and the number proval.	er of votes cast for the amendment(s)
	adopted by the board of d		t(s). The amendment(s) was/were
	Dated	11 /10 /11	
	Signature	11/10/11 Essieka Kulck	
	(By the have n	chairman or vice chairman of the board, prot been selected, by an incorporator – if incourt appointed fiduciary by that fiduciary)	
		Elzbiete Kubek	
	 	(Typed or printed name of person sig	ning)
		President	
		(Title of person signing)	

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