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Office Use Only



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09/23/11--01011--021 **43.75

SER 26 2011 **EXAMINER**

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Health By Des	sign USA, Inc.	
DOCUMENT NUM	BER: N11000003290		
The enclosed Articles	s of Amendment and fee are sul	bmitted for filing.	
Please return all corre	espondence concerning this mat	tter to the following:	
***********	Rocald	een E. Barrett	
	(Name of	f Contact Person)	
	(Firn	n/ Company)	
	2423.0	Orsota Circle	
		Address)	
		e, FL 34761	
	` •	tte and Zip Code)	
		Dearthlink.net of for future annual report notifi	cation)
For further information	on concerning this matter, pleas	e call:	
Rocaldeen E. Ba		at (407) 421-14	
(Name	of Contact Person)	(Area Code & Days	time Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departme	ent 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)
Amer Divis	ing Address indment Section ion of Corporations Box 6327	Street Address Amendment Section Division of Corporat Clifton Building	,
	hassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Health By Design USA, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
N11000003290	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of A. If amending name, enter the new name	Incorporation:		Profit Corporation a	adopts
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			acorporated" or the	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE)		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)				SEUTETA JEVISION OF
D. If amending the registered agent and/or new registered agent and/or the new re-	r registered offi gistered office s	ce address in Florida, e	nter the name of the	VIS 30 AB
Name of New Registered Agent:			X-000	
New Registered Office Address:	(Fle	orida street address)		
		(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if change I hereby accept the appointment as register position.			ept the obligations	of the
-	Signature of Ne	ew Registered Agent, if c	hanging	

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>	Name	Address	Type of Action
			☐ Add ☐ Remove
	,		☐ Add ☐ Remove
			☐ Add ☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

ARTICLE III This corporation is organized exclusively for charitable and educational purposes, more specifically to combating community deterioration in health with educational programs and activities that address the incidence of diet related illnesses such as extreme obesity, elevated cholesterol, diabetes, hypertension, depression and stress. This corporation shall at all times be operated exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law), as now enacted or hereafter amended. All funds, whether income or principal, and whether acquired by gift or contribution or otherwise, shall be devoted to said purposes. ARTICLE IX This corporation shall use its funds only to accomplish the purposes stated in these Articles of Incorporation. Upon the winding up and dissolution of this corporation, after paying or adequately providing for the debts and obligations of the organization, the remaining assets shall be distributed to a non-profit fund, foundation, or corporation which has established its tax exempt status under section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal revenue law), or shall be distributed to the federal, state or local government, for a public purpose.

The date of each amendmen	t(s) adoption: 09/19/2011	
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 dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.	
Dated_09/1	9/2011	
Signature	DR. Richard	
hav	the chairman or vice chairman of the board, president or other officer-if director to not been selected, by an incorporator — if in the hands of a receiver, trustee, er court appointed fiduciary by that fiduciary)	
•	Dorothy E. Richards	
	(Typed or printed name of person signing)	
	Incorporator/Director	
	(Title of person signing)	

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