

N/2000005007

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 13 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DAVIDS HOLISTIC CARE CENTER INC.

DOCUMENT NUMBER: N12000005007

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID WADE
(Name of Contact Person)

DAVIDS HOLISTIC CARE CENTER INC.
(Firm/ Company)

3540 LAKE TINY CIRCLE
(Address)

ORLANDO FL, 32818
(City/ State and Zip Code)

SUEDE321@ATT.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID WADE at (321) 946-0060
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

DAVIDS HOLISTIC CARE CENTER

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

N12000005007

(Document Number of Corporation (if known))

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

_____ 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

(Florida street address)

New Registered Office Address:

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change ___ Add ___ Remove	<u>PTD</u>	<u>DAVID WARD</u>	<u>3540 LAKE TONY CIRCLE</u> <u>ORLANDO FL 32818</u>
2) <u>X</u> Change ___ Add <u>X</u> Remove	<u>TR</u> <u>Clerk</u>	<u>RODNEY PRENCE</u>	<u>9 CARDINAL ESTATES BLVD</u> <u>DAYTONA BEACH FL 32117</u>
3) <u>X</u> Change ___ Add ___ Remove	<u>TR</u>	<u>TASHIRA CLOVER</u>	<u>1206 LAMP LIGHTER WAY</u> <u>ORLANDO FL 32818</u>
4) ___ Change <u>X</u> Add ___ Remove	<u>S</u>	<u>SHIRAZ O'NEAL</u>	<u>7200 NW 2ND AVE UNIT 52</u> <u>BOCA RATON, FL 33487</u>
5) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
6) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 7-8-12

Effective date if applicable: 7-8-2012
(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 7-8-2012

Signature [Signature]
(By the chairman or vice 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)

DAVID WADE
(Typed or printed name of person signing)

PTD [Signature]
(Title of person signing)