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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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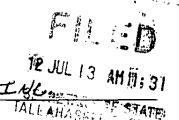
COVER LETTER

TO: Amendment Section Division of Corporations

,*	
NAME OF CORPORATION: DAVIDS HOLD	ESTIC CARÉ CENTER INC.
DOCUMENT NUMBER: <u>V12000005</u>	007
The enclosed Articles of Amendment and fee are submit	
Please return all correspondence concerning this matter to	o the following:
DAUID WADE	
DHOTO WAGE	Name of Contact Person)
	·
DAVIDS HOLISTIC CARE	CENTER INC.
	(Firm/ Company)
_	
3540 LAKÉ TINY CERCIÉ	
,	(Address)
- C - 20010	
ORIANDO FL. 32818	V. (0.1.)
(C	ity/ State and Zip Code)
SUCOE 371 0ATT NE	T
Suede 321 • ATT. NE E-mail address: (to be used for	r future annual report notification)
For further information concerning this matter, please ca	11:
1 of tection mornation concerning this matter, preuse of	
DAUZO WADÉ	at 321 946-0060
(Name of Contact Person)	at (321) 946-0060 (Area Code & Daytime Telephone Number)
England is a shock for the following amount made nave	hla to the Floride Department of States
Enclosed is a check for the following amount made paya	ole to the Florida Department of State.
\$\times \\$35 \text{ Filing Fee} □ \\$43.75 \text{ Filing Fee & □} \$\text{\$\text{\$\sigma}\$} \\$ \$\text{\$\text{\$\text{\$\sigma}\$} \\$ \$\text{\$\text{\$\text{\$\sigma}\$} \} \$\$\text{\$\tex	
	Certified Copy Certificate of Status
	(Additional copy is Certified Copy enclosed) (Additional Copy is
	enclosed) (Additional Copy is Enclosed)
	, , , , , , , , , , , , , , , , , , ,
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation



DAVIDS HOLISTIC CARÉ LENTER

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

N1200000 500 7

(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:

		The new
name must be distinguishable and conta "Company" or "Co." may not be used i		corporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if appl		The second secon
(Mailing address <u>MAY BE A POST OF</u>	OFFICE BOX)	
D. If amending the registered agent a new registered agent and/or the ne		n Florida, enter 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 a lareby accept the appointment as regis		and accept the obligations of the position.

Page 1 of 4

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u> Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	· Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) <u></u> Change Add Remove	<u>PTO</u>	DAVED WHOE	3540 LAKE TELY CERCLE ORIANDO FL 32818
2) X Change Add Remove	TR Cous	RODNEY PRENCE	9 CARDENA ESTATES BIND DAYTONA BCh FL 32117
3) Change Add Remove	TR	TASHIRA C-lover	1206 LAMP LIGHTEN WAY
4) Change Add Remove	_5_	SHITHI O'NEAL	7200 NW 1 nd AVE UNIT 52 BOCK RATON, FL 33487
5) Change Add Remove			
6) Change Add Remove	<u> </u>		

If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)	
		
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and the second 		
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- A		

The date of each amendment(s) adoption:					
Effe	ective date if applicable: 7-8-2012				
	(no more than 90 days after amendment file date)				
Ado	option 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 Dick Wal				
	(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)				
	DAUED WHOE				
	(Typed or printed name of person signing)				
	(Title of person signing)				