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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Rad	iant Health	Foundation, Inc.
DOCUMENT NUMBER: N1200006	030	
The enclosed Articles of Amendment and fee are subn	nitted for filing.	
Please return all correspondence concerning this matte		
•	r to the following.	
Phyllis Hubbard		
	(Name of Contact Perso	on)
Radiant Health Strategie	s, LLC	
	(Firm/ Company)	
335 S Biscayne Blvd #32	209	
	(Address)	
Miami, FL 33131		
((City/ State and Zip Cod	le)
phubbard@radian	thealthstra	tegies.com
E-mail address: (to be used		
For further information concerning this matter, please of	call:	
Phyllis Hubbard	786	759-0390 Tode & Daytime Telephone Number)
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Dep	artment of State:
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$\$2.50 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	Ameno Divisio Cliftor	Address Ilment Section on of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2012 JUN 29 PM 12: 30

The Radiant Health Foundation, Inc.

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

N12000006030

(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 Radiant Health Institute, Inc.	The ne
name must be distinguishable and contain the word "corpord" "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	N/A)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office:	ce address in Florida, enter the name of the address:
Name of New Registered Agent: N/A	
New Registered Office Address:	(Florida street address)
	, Florida
•	WWW 10 10 10 10 10 10 10 10 10 10 10 10 10
(City)	(Zip Code)

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change Add Remove			•	
2) Change Add Remove		_		
3) Change Add Remove		_	N. S. C.	
4) Change Add Remove				
5) Change Add Remove	<u> </u>	adara.		
6) Change Add Remove	- <u>-</u>			

 E. If amending or adding additional Art (attach additional sheets, if necessary). N/A 	(Be specific)
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Produced to the make make make make make make make mak	

Γhe	late of each amendment(s) adoption: June 26, 2012	
	tive date if applicable: June 26, 2012	
	(no more than 90 days after amendment file date)	
Ado	otion of Amendment(s) (<u>CHECK ONE</u>)	
	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 June 26, 2012 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)	
	Phyllis Hubbard	
	(Typed or printed name of person signing)	
	Chief Executive Officer	
	(Title of person signing)	