## N1200000 9359

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATI	New Horizons Medi	ical Detox, Inc.		
DOCUMENT NUMBER:	N12000009359			
The enclosed Articles of An	nendment and fee are subm	nitted for filing.		
Please return all correspond	ence concerning this matter	r to the following:		
Kimberly Nachtwey				
		(Name of Contact Pe	erson)	
		(Firm/ Company	′)	
13639 Allamanda Circle				
		(Address)		
Port Charlotte, FL 33981				
	(	(City/ State and Zip (	Code)	
knachtwey@honeylake.c	linic			
1	-mail address: (to be used	for future annual rep	ort notification	)
For further information cond	erning this matter, please o	:all:		
Kimberly Nachtwey		at	954	205-0505
	(Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	vable to the Florida D	Department of S	State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee a Certified Copy (Additional copy is enclosed)	Certific Certific	Difiling Fee cate of Status ed Copy ional Copy is sed)

**Mailing Address** 

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address

Amendment Section
Division of Corporations
Clifton Building

## Articles of Amendment to Articles of Incorporation of

2019 8 23 644

New Horizons Medical Detox, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N12000009359 (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: A. If amending name, enter the new name of the corporation: Honey Lake Wellness, Inc. 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. 1290 NW Honey Lake Road B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) Greenville, FL 32231 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 X_Remove X_Add	<u>V Mi</u>	on Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		Stuart Hoskins	
Add Remove			
2) Change	T	Kimberly Nachtwey	
Add Remove			
3) Change	TD	Lisa Stewart	10302 Deerwood Park Blvd
X Add			Jacksonville, FL 32256
Remove			<del></del> -
4) Change	CD	Stovall Weems	PO Box 551213
X Add			Jacksonville, FL 32255
Remove			
5) X Change	CD	David Hoskins	1290 NW Honey Lake Road
Add			Greenville, FL 32231
Remove			
6) Change			
Add			

(attach additional sheets, if necessary).	(Be specific)				
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		September 9, 2019	
	e date of each amendment(s) add this document was signed.	ption:	, if other than the
	ective date <u>if applicable</u> :	September 9, 2019	
		(no more than 90 days after amendment file date)	
Not doc	te: If the date inserted in this bloc ument's effective date on the Dep	k does not meet the applicable statutory filing requirements, the artment of State's records.	is date will not be listed as the
Adoption of Amendment(s)		(CHECK ONE)	
	The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the ame	ndment(s)
	There are no members or members adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was	as/were
	Dated	otember 9, 2019	
	Signature	15/14	
	have not been	nan or vice chairman of the board, president or other officer-if of selected, by an incorporator – if in the hands of a receiver, truppointed fiduciary by that fiduciary)	directors stee, or
		Kimberly D. Nachtwey	
		(Typed or printed name of person signing)	
		Secretary, Director	
		(Title of person signing)	