

N12000011037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

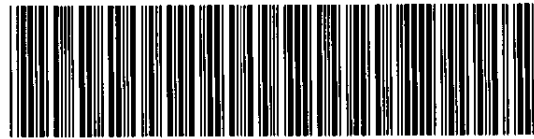
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
12 DEC 17 AM 11:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 17 AM 11:30

Amend
(1a) 12/17/12



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 422783 7912682

AUTHORIZATION :

COST LIMIT : \$ 3500

RESUBMIT

Please give original

submission date as file date.

ORDER DATE : November 14, 2012

ORDER TIME : 5:18 PM

ORDER NO. : 422783-011

CUSTOMER NO: 7912682

DOMESTIC AMENDMENT FILING

NAME: HEAVENLY NATURAL HOLISTIC
HEALING INC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

XX PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 52951

EXAMINER'S INITIALS:

10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 17 AM 11:30

Articles of Amendment
to
Articles of Incorporation
of

HEAVENLY NATURAL HOLISTIC HEALING INC

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

N12000011037

(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:

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:

(City)

Florida
(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

(Attach additional sheets, if necessary)

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.

Example:

Address

LAUDERHILL FL 33313

[illegible]

1000

Page 2 of 4

[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]

The date of each amendment(s) adoption: 12/11/12

Effective date if applicable: _____
(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 _____

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)

GEL CLERTUSTE

(Typed or printed name of person signing)

President

(Title of person signing)