N14000001283

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	The Well Incorporat				
	N14000001283				
DOCUMENT NUMBER:					· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of An	nendment and fee are sub	mitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Jon Dengler					
A CONTRACTOR OF THE CONTRACTOR		(Name of Contact	Person)		
The Well Incorporated					
		(Firm/ Compa	any)		
905 E Robson St					
		(Address)			
Tampa FL 33604					
		(City/ State and Zi	p Code)		
jon@welltampa.com					
F	-mail address: (to be used	for future annual	report notifi	cation)	
For further information conc	erning this matter, please	call:			
jon dengler			813 at	451098	38
	(Name of Contact Person		(Area Co	ode) (Daytir	ne Telephone Number)
Enclosed is a check for the f	ollowing amount made pa	ayable to the Florid	a Departme	nt of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional copy enclosed)	y is (\$52.50 Filing I Certificate of S Certified Copy (Additional Co Enclosed)	tatus

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



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The Well Incorporated (Name of Corporation as currently filed with the Florida Dept. of State) N14000001283 (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: 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) (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	$\underline{\mathbf{V}}$ $\underline{\mathbf{N}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CEO	Jon Dengler	905 E Robson ST
X Add			Tampa FL 33604
Remove			
2)Change	TR	Tony Winn	804 James ST
X Add			Tampa FL 33603
Remove			
3)Change			
Add			
Remove			**
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
5) Change			
Add			
Remove			

f amending or adding additional Articular Articular additional sheets, if necessary).	(Be specific)
and the state of t	
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A-7.8	

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
3/28/20	17	
Effective date <u>if applicable</u> :		
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this date will rtment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop was/were sufficient for approval.	oted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of directors	s entitled to vote on the amendment(s). The amendment(s) was/were	,
Dated 3/28/2017		
Signature	M-	
have not been	an or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)	
Rose Winn		
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	