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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: Healthy	Way Tan	pa Bay	Corporation
DOCUMENT NUMBER:	V140000	10311		-
The enclosed Articles of Am				
Please return all corresponde	nce concerning this matter	r to the following:	•	
	Aason	Name of Contact Person	RS	
	644 Ba	SS RJ. (Firm/ Company)		
	Apt. 1120	(Address)		
(Macon,	City/ State and Zip Cod	1210	
aarondre	mail address: (to be)used	for future annual report	notification)	
For further information conc	eming this matter, please o	æll:		
Agres	. Wett	es at	813) 36	2-9392
	(Name of Contact Person)	(A	rea Code) (Daytin	ne Telephone Number)
Enclosed is a check for the fe	ollowing amount made pay	vable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	2\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of S Certified Copy (Additional Co Enclosed)	tatus
Mailing A	ddraec	Straat	Address	

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Healthy Way (Name of Corporation)	as currently filed with the Florida Dept. of State)	
N1400	ent Number of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not For Profit Corporation adopts the following	
A. If amending name, enter the new name of the Pevelopina Reference name must be distinguishable and contain the word	corporation: The new "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 applicabe (Principal office address MUST BE A STREET AL	ole: \(\sum \subset \beta \)	
C. Enter new mailing address, if applicable:	,) _C	
(Mailing address <u>MAY BE A POST OFFICE B</u>		
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the d office address:	
Name of New Registered Agent:	NA	
New Registered Office Address:	(Florida street address) (Florida street address)	
New Registered Agent's Signature, if changing Re	(City) (Zip Code)	
	Signature of New Registered Agent, if changing	
	Digitaliane of their negatiered rigerit, 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	PT	John Do	20	
X Remove	<u>V</u>	Mike Jo		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action	Title	•	Name	, <u>Addres</u> s
(Check One)	11110		- 1	<u>Addico</u> 5
			A(I)A	
1) Change				
Add				
Remove				
2) Change		<u> </u>		
Add				
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6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date of each amendment(s) adoption	. NA	, if other than th
date this document was signed.	•	, it odici dian di
Effective date if applicable:	10/6/2016	
(no more than 90 days after amendment file a	tate)
Note: If the date inserted in this block does document's effective date on the Departmen	s not meet the applicable statutory filing requint of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes cast	for the amendment(s)
There are no members or members ent adopted by the board of directors.	itled to vote on the amendment(s). The amen	ndment(s) was/were
Dated 106	2016	
Signature (By the chairman or	vice chairman of the board, president or other	er officer-if directors
have not been selec	ed fiduciary by that fiduciary)	
	(Typed or printed name of person sig	the spring)
Ries	Title of person signing)	