N 1500000006

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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	WELLNESS AND J				
NI	5000000006				
DOCUMENT NUMBER:					
The enclosed Articles of Amen	dment and fee are sub	mitted for filing.			
Please return all correspondenc	e concerning this matte	er to the following:			
CLAUDINE AUGUSTE					
	_	(Name of Contact Per	rson)		
WELLNESS AND JOY INC.			_	-	
		(Firm/ Company))		
90 SLOGANEER TRL					
· ·		(Address)			
PALM COAST FL 32164					
		(City/ State and Zip C	Code)		
WELLNESSANDJOY1@GM	AIL.COM			J	
E-m	ail address: (to be used	for future annual repo	ort notification)	
For further information concern	ning this matter, please	call:			
CLAUDINE AUGUSTE		at	3862657775		
(N	ame of Contact Person			(Daytime Telephone Nur	nber)
Enclosed is a check for the following	owing amount made pa	ayable to the Florida D	epartment of S	State:	
■ \$35 Filing Fee □	343.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifī Certifī	cate of Status ed Copy ional Copy is	
Mailing Add	Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WELLNESS AND JOY, INC. (Name of Corporation as currently filed with the Florida Dept. of State) N150000000006 (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: CLAUDINE & HARDY AUGUSTE FOUNDATION INC. 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. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A (Florida street address) New Registered Office Address: N/A _, Florida

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

(Zip Code)

(City)

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</u> !	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	LAGUERRE MARCEL	800 NW 18AVE
Add			GAINESVILLE, FL 32609
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		 -	
Remove			
5) Change			
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Remove			
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		2/01/2017	
	date of each amendment(s) this document was signed.	idoption:	, if other than the
		1/2017	
Effe	ective date <u>if applicable</u> : <u> </u>	(no more than 90 days after amendment file date)	
	e: If the date inserted in this bument's effective date on the I	lock does not meet the applicable statutory filing requirements, this repartment of State's records.	s date will not be listed as the
Ado	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amen val.	dment(s)
	There are no members or me adopted by the board of directions.	nbers entitled to vote on the amendment(s). The amendment(s) wastors.	s/were
	Dated 2/01/2017		
	Signature Cour	med Themal	
	have not	irman of vice chairman of the board, president or other officer-if deen selected, by an incorporator — if in the hands of a receiver, trust appointed fiduciary by that fiduciary)	
	HARD	Y AUGUSTE	
		(Typed or printed name of person signing)	
	PRESI	DENT (In an House Title of person signing)	