115000007683

(Requestor's Name)			
	Address)			
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(City/State/Zip/Phone #)				
	WAIT MAIL			

	(Business Entity Name)			
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Certified Copies	Certificates of Status			
Special Instructions	to Filira Officer:			
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SECRETION CE STATE
TANTAJIASSEE, FLORIDA

NOV 13 2015 T. LEMIEUX

Healing NAME OF CORPORATION: __ N15000007683 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sukie O healing nation inet
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: S- WAShington
(Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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					
(Name of Corporation as currently filed with the Florida Dept. of State)					
(Document Number of Corporation (if known)					
ursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following mendment(s) to its Articles of Incorporation:					
. If amending name, enter the new name of the corporation:					
The new					
ame 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.					
Enter new principal office address, if applicable: 7443 Gatt Parkway					
Principal office address MUST BE A STREET ADDRESS) Suite 104 - 126					
Jax, FL. 322570					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX) 7643 Gale Yarkway					
Suite 104-128					
Jax, FL 32251p					
. 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: Sang Washing TV					
7643 Gate Parkway					
New Registered Office Address: New Registered Office Address:					
	0				
(City) (Zip Code)	•				
ew Registered Agent's Signature, if changing Registered Agent:					
hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
	ैं. १.४				
Signature of New Registered Agent, if changing					
	•				
Page 1 of 4					

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	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add			
Remove			
2) Change Add			
Remove			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change	<u></u>		
Add Remove			

tach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	1	
Effective date <u>if applicable</u> :	11 10 20	15
	(no more than 90 days after amendment file d	late)
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requipartment of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as was/were sufficient for approve	dopted by the members and the number of votes cast	for the amendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amenors.	ndment(s) was/were
Dated	11/10/2015	
Signature		
	man or vice chairman of the board, president or othe	
	en selected, by an incorporator – if in the hands of a appointed fiduciary by that fiduciary)	receiyer, trustee, or
	Sang S WASP (Typed or brinted name of person sign	nington
	(Typed or brinted name of person sig	ning) ^y
	President	
	(Title of person signing)	