# N15000007683

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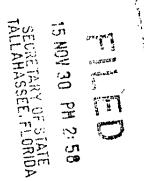




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11/30/15--01047--009 \*\*35.00





## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Healing Nation, Inc  DOCUMENT NUMBER: N1500007(e83  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Sang S. Washington (Name of Contact Person)  Healing Nation, Inc (Firm/Company)  The Gate Parkway Suit 104-128
Please return all correspondence concerning this matter to the following:  Sang S. Washington  (Name of Contact Person)  Healing Nation Inc  (Firm/ Company)
Sang S. Washington (Name of Contact Person)  Healing Nation, Inc (Firm/Company)
Healing Nation, Inc (Firm/Company)
Healing Nation, Inc (Firm/Company)
•
(Address)
Jacksonville, FL 32256 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sang S. Washington at 213 514-4711  (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Mame of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  \$\bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$43.75 Filing Fee \& \bigcup \\$52.50 Filing Fee \\ \bigcup \\$Certificate of Status \\ (Additional copy is enclosed) \\ (Additional Copy is Enclosed)

## **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	
Healing Nation	Inc.	🖟 🖟 (Munica Chara) things?"
(Name of Corporation as curren	tly filed with the Florida Dept, of State)	15 NOV 30 PM 2: 58
		SECRETARY OF STATE
(Document Numb	er of Corporation (if known)	TALLAHASSEE, FLORIDA
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Profit Corporation</i>	adopts the following
A. If amending name, enter the new name of the corporati	on:	
		The new
name must be distinguishable and contain the word "corporal <mark>"Company" or "Co." may not be used in the name</mark> .	tion" or "incorporated" or the abbreviation	on "Corp." or "Inc."
B. Enter new principal office address, if applicable:	7643 Gate Par	kway
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 104-128	<u>'</u>
	Jucksonville, FL	32256
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7643 Gute P	17KWQY
	Suite 104-129)	,
	Jacksonville, FL	372570
D. If amending the registered agent and/or registered office		<u>the</u>
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	D)	
	(City)    (Zity)	idaip Code)
		p couc,
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far		a novition
us regimered agent. I um jui	This will decept the obligations of the	w position.
Si	gnature of New Registered Agent, if chang	ging

# 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 D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add			
Remove			,
2) Change Add			
Remove 3) Change			
Add			
4) Change	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

	s; if necessary). (Be specific)	
,	To educate the nation on holi.	stic
	of healing mental , physical a	
Spiritual	illnesses. The Corporation is orga	niced
exclusivel	for charitable religious , educa	itional
and soil	ntific purposes including for such	a Purpo
the mai	ing of distributions to organizati	ons tha
qualify	ntific purposes, including for such ing of distributions to organizations is an exempt organization under	<u>secti</u>
501 (c)(3)	of the Internal Revenue Code,	or the
Correspond	ing section of any future federa	1 tax
c∞le.		
		-
	•	
		<del></del>

rdate this document was signed.  Effective date if applicable: 11/22/2015	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	he
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 11/22/2015	
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)	
Sana S. Washington	
(Typed or printed name of person signing)	
Tres(dent  (Title of person signing)	