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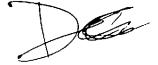
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FLORIDA DEPARTMENT OF STATE (
Division of Corporations

November 25, 2019

DR. CANDICE S MCCOY 5341 SE JENNINGS LN STUART, FL 34997

SUBJECT: THE HEALING HOUSE, INC

Ref. Number: N16000009598

THE HEALING HOUSE, INC and your

We have received your document for THE HEALING HOUSE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Non-profit corporation the document you sent in is for a Profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 519A00024021

The conect

form.

is included

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: The Healing House Inc.
DOCUMENT NUMBER: N 160000 9598
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
De Candice McCoy (Name of Contact Person)
The Healing House, Inc. (Firm Company)
5341 SE Jennings Lane (Address)
Stuart, F1 34997 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dr. McCou at S61-222-6057 (Name 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 U\$43.75 Filing Fee & U\$43.75 Filing Fee & U\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$\square \text{\$1 \text{ Certified Copy} \text{ Certified Copy} \text{ (Additional Copy is Enclosed)} \text{\$1 \text{ Enclosed}}
Mailing AddressStreet AddressAmendment SectionAmendment Section

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

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

Healing (Name of Corporation as currently filed with the Florida Dept. of State) (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: NIA 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: 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	<u>V</u> <u>Mik</u>	<u>: Doe</u> e Jones : <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>VP</u>	Paul Croke	1203 Madison Ave Stuart, F134996
Remove 2) Change Add	<u>vp</u>	Flavio Santini	7728 Great Oak Dr. Lake Writh, F133467-
Remove 3) Remove Add Remove	<u>CEO</u>	Frank Enolina	Acupunture SSS Colorado Auc
4) Change Add	P	Candice McCoy	(Same)
Remove 5) Change Add	<u>CE o</u>	Dr. Candice Mclay Laurel Zilch PA	120 Ocean Pines Terrace
Remove 6) Change Add			Jupiter Florida 33477
E. <u>If amending or ad</u> (attach additional s.	ding additional A heets, if necessary)	Page 2 of 4 rticles, enter change(s) here: (Be specific)	
NA			

N/7	
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Page 3 of 4	
The date of each amendment(s) adoption: 11 4 19, if other date this document was signed.	than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	the
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.	

adopted by the board of directors. (Change of board members)	
Dated 12/3/19	
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 bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	7
Tryped or printed name of person signing)	
President	

(Title of person signing)