## 16000010208

(Re	questor's Name)	
(Ade	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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February 6, 2019

REV. M. REBA NALY P.O. BOX 648 VALRICO, FL 33574

SUBJECT: NEW BEGINNINGS ADDICTION AND WELLNESS CENTER, INC.

Ref. Number: N16000010208

We have received your document for NEW BEGINNINGS ADDICTION AND WELLNESS CENTER, 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):

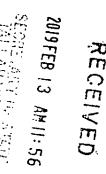
There are pages missing from the document. All pages must be submitted. Also, the page we did recieve is for the wrong entity type. Please see the enclosed information.

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.

Rebekah White Regulatory Specialist II

Letter Number: 619A00002619



## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Name of Corporation	gung Aldidian Wellow at
DOCUMENT NUMBER: N/6000	10208
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	Cha Laly.
	(Name of Contact Person)
	(Firm/ Company)
P. D Box 6	48
Values 7	(Address) 2 33575
Λ Ι Λ	(City/ State and Zip Code)  (OO/C. CM)  For future annual report notification)
For further information concerning this matter, please  (Name of Contact Person	by 118137/6 3896
Enclosed is a check for the following amount made pa	yable to the Florida Department of State: already sent!
S55 Filing Fee S43.75 Filing Fee & Certificate of Status	3
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

•		
	Articles of Amendment	FIL.ED
	to	
1/ 0	Articles of Incorporation of	2049 FED 10
$\mathcal{M}(\mathcal{O})$	111 111	PHY 4: 12
New Blenny Old	diction + UIL	Within Indi or
(Nam of Corporation :	as currently filed with the Florid	la Depicofistate)
N/600001020	6	1001E, FE
(Docum	ent Number of Corporation (if knc	own)
Pursuant to the provisions of section 617,1006, Flori	da Statutes, this Florida Not For	Pratit Corporation adopts the following
amendment(s) to its Articles of Incorporation:	da Statutes, uns i fortua . for r of	Trojii Corporation adopts the matering
A. If amending name, earlor the nev : of the	corporation:	1
- Jumpa (Say MISSI	SIN OF KIPPI	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		
B. Enter new principal office address, if applicat	sle:	
(Principal office address MUST BE A STREET AL		
<u> </u>		
	<del></del>	
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u> </u>	
D. If amending the registered agent and/or regist	tered office address in Florida, e	nter the name of the
new registered agent and/or the new registere		<u> </u>
Name of New Registered Agent:		
N. B. C. 1000 111	(Flor	ida sireet address)
<u>New Registered Office Address:</u>		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent	
I hereby accept the appointment as registered agent	. I am familiar with and accept the	he obligations of the position.
	•	
-	Signature of New Register	red 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>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<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			
Add			
Remove			

If amending or adding additional Art attach additional sheets, if necessary).	(Be specific)				
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			<del>-</del>		

The date of each amendment(s) adoption://329/19 late this document was signed.	, if other than the
Effective date <u>if applicable</u> :  (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 document's effective date on the Department of State's records.	e listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the members and the number of votes east 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.	
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 feceiver, trustee, or other court appointed fiduciary by that fiduciary)	-
(Typed or printed name of person signing)	