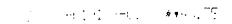
N21000013040

(Re	equestor's Name)
(Ad	ddress)
(A	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
J. HOF	RNE 3 1 2022

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Healthier Wealthier, Wiser Inc.
DOCUMENT NUMBER: <u>N21000013040</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Belinda C. Davis, President
(Marie of Contact Contact)
Healthier, Wealthier, Wiser Inc.
Post office 9094
(Address)
Daytona Beach, Fz 32120 (City/State and Zip Code)
AdVisbelindu 580 gma. 1. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
_
Belinda C. DWis (Name of Contact Person) at 366 405-4106 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status (Additional copy is enclosed) □ \$35.50 Filing Fee & Certificate of Status (Additional Copy is Enclosed)
Mailing Address Street Address

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

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FILED

Articles of Amendment to

Articles of Incorporation

2022 JAN 12 AM	11:	L
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il divining	of	SECRETARY OF STATE VALUATIONS OF STATE
Healthier Wealthier	Wiser, Inc	C. Marianti, III
(Name of Corporation as currently filed with the Florid $(A \cap A \cap A) \cap A \cap A \cap A$	a Dept. of State)	
(Document Nur	mber of Corporation (if known)	<u> </u>
	•	
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	lutes, this <i>riorida Not Por Pro</i> j	tu Corporation adopts the following
A. If amending name, enter the new name of the corpor	ration:	
N/H		The new
name must be distinguishable and contain the word "corpo	oration" or "incorporated" or i	the abbreviation "Corp." or "Inc."
"Company" or "Co." may not be used in the name.	0// A	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	SS)	1 34 110
•		
		·
C. Enter new mailing address, if applicable:	$\Lambda / / \Lambda$	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10/17	
		
D. If amending the registered agent and/or registered o	offica address in Florida, entar	r the name of the
new registered agent and/or the new registered office		the name of the
Name of New Registered Agent:	N/H	
	NIA	
New Registered Office Address:	(Florida si	treet address)
nen regisiereu Office nauress.	α / A	
	(City)	Florida
New Registered Agent's Signature, if changing Register		•
Thereby accept the appointment as registered agent. I am		bligations of the position.
	N/A	
	Signature of New Registered A	Igent, 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	PT John De V Mike Jo SV Sally So	ones	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add	MA		
Remove 2) Change Add	<u>V</u>	Davis Andre M.	75 Pebble Court PIKE RUAD, AL 36064
	WA		
Remove 4) Change Add	MA		
Remove 5) Change Add	MA		
Remove 6)ChangeAdd			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	

The date of each amendment(s) adoption:	the
Effective date if applicable:	
Effective date if applicable: (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 the document's effective date on the Department of State's records.	•
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.	

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Œ	There are no members or memb adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were
	Dated 1/7	12022
	have not bee	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the hands of a receiver, trustee, or
	<i>a</i>	ppointed fiduciary by that fiduciary) 2//n da C. Davi S (Typed or printed name of person signing)
	Pr	(Title of person signing)