

N220000002073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

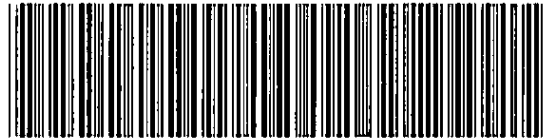
(Document Number)

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Certificates of Status \_\_\_\_\_

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Office Use Only



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*Amend*

FILED

2023 JUN 14 AM 9:38

CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA

A. RAMSEY  
JUN 15 2023

A. RAMSEY  
JUN 15 2023

2023 JUN 14 PM 2:51

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301

850.656.7956

Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 6/14/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1154984

**ORDER ENTITY**

VITAMIN C INTERNATIONAL CONSORTIUM INSTITUTE, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**VITAMIN C INTERNATIONAL CONSORTIUM INSTITUTE, INC. ( FL )**

File the attached amendment

**NOTES:**

\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: VITAMIN C INTERNATIONAL CONSORTIUM INSTITUTE, INC.

DOCUMENT NUMBER: N22000002073

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY G. WOODWARD

(Name of Contact Person)

WOODWARD LAW

(Firm/ Company)

1810 E. 5TH AVE.

(Address)

TAMPA FL 33605

(City/ State and Zip Code)

TONY@ANTHONYWOODWARDPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOLA PALACIOS

813

251 2200

at

(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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

**Mailing Address**

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

**Street Address**

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2023 JUN 14 AM 9: 38

VITAMIN C INTERNATIONAL CONSORTIUM INSTITUTE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N22000002073

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:

\_\_\_\_\_ 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 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:

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change <u>      </u> Add  <u>      </u> Remove	<u>PCEO</u>	<u>LIOR SHER, JD</u>	<u>1290 Gulf Blvd, Suite 1201</u> <u>Clearwater Beach FL 33767</u>
2) <u>      </u> Change <u>X</u> Add  <u>      </u> Remove	<u>ED</u>	<u>LIOR SHER, JD</u>	<u>1290 Gulf Blvd, Sute 1201</u> <u>Clearwater FL 33767</u>
3) <u>      </u> Change <u>      </u> Add <u>X</u> Remove	<u>D</u>	<u>SHER-JONES, ALEXANDER</u>	<u>1290 Gulf Blvd, Suite 1201</u> <u>Clearwater Beach, FL 33767</u>
4) <u>      </u> Change <u>      </u> Add  <u>X</u> Remove	<u>D</u>	<u>DR. NATHAN GOODYEAR</u>	<u>4522 East Cox Ct</u> <u>Cave creek, AZ 85331</u>
5) <u>      </u> Change <u>X</u> Add  <u>      </u> Remove	<u>Founder</u>	<u>LIOR SHER, JD</u>	<u>1290 Gulf Blvd., Suite 1201</u> <u>Clearwater Beach FL 33767</u>
6) <u>      </u> Change <u>      </u> Add  <u>      </u> Remove	<u>      </u>	<u>      </u>	<u>      </u>

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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☐ 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 06/07/2023

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)

Lior Sher, JD

(Typed or printed name of person signing)

Founder Executive Director

(Title of person signing)