N2200006764

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	2 Wellness, Inc.
N22000006764 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Mark E. Fenzl	
	(Name of Contact Person)
Five Points Health & Wellness, Inc.	
	(Firm/ Company)
6131 US Highway 19	
	(Address)
New Port Richey, FL 34652	
	(City/ State and Zip Code)
E-mail address: (to be used	For future annual report notification)
For further information concerning this matter, please	eall:
Mark E. Fenzl	567-674-7593
(Name of Contact Person	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certified Copy (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Five Points Health & Wellness, Inc.

(Name of Corporation as currently filed with the Florida [Dept. of State)	
N22000006764		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profi	t Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:	
N/A		The new
name must be distinguishable and contain the word "corporat" "Company" or "Co." may not be used in the name.	ion" or "incorporated" or th	e abbreviation "Corp," or "Inc."
B. Enter new principal office address, if applicable:	N/A	. ~2
(Principal office address MUST BE A STREET ADDRESS)	1022 J
		85.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	7
(<u></u>		- L 07
	<u> </u>	
		<u> </u>
D. If amending the registered agent and/or registered office		the name of the
new registered agent and/or the new registered office a	<u>ddress:</u>	
Name of New Registered Agent: N/A		
New Registered Office Address:	tFlorida str	ect address)
iven regimered copies rudress.		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		ligations of the position.
Si	gnature of New Registered Aş	gent, 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	CFO	TIM FERGUSON	Five Points Health & Wellness Inc 6131 US Highway 19
x Remove			New Port Richey, FL 34652
2) Change Add			
Remove 3) Remove Add Remove			2022 JUL
4) Change Add			SSECTION IN THE SECTION IN THE SECTI
Remove 5) Change Add			1 +: L
Remove 6) Change Add	 		
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

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<u> </u>	
THE R	
Title:	
	. 1
he date of each amendment(s) adoption:, if other than	the
ate this document was signed.	
floation data if applicables July 14, 2022	
ffective date if applicable: (no more than 90 days after amendment file date)	
(no more than 20 days after amenament file date)	
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.	
doption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	

Dated	July 14, 2022	
Signatur	(By the chairman or vice c	hairman of the board, president or other officer-if directors
	have not been selected, by other court appointed fide Mark Fenzl	y an incorporator – if in the hands of a receiver, trustee, or iciary by that fiduciary)
		(Typed or printed name of person signing)
	CEO-P	
		(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.