

PO00000014426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

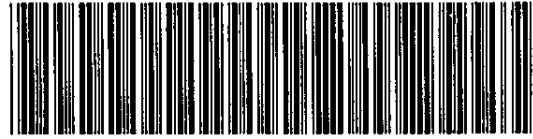
(Business Entity Name)

(Document Number)

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*Amend*

09/27/13--01035--008 \*\*70.00

FILED  
2013 OCT 21 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*06482, 00524*  
*\*00789, 00524, 00671*      *DR*  
*10/28/13*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 4, 2013

Diane Dodge  
Barbara Brennan School of Healing Inc  
500 N.E. Spanish River Blvd. #208  
Boca Raton, FL 33431

SUBJECT: BARBARA BRENNAN SCHOOL OF HEALING, INC.  
Ref. Number: P00000014426

We have received your document for BARBARA BRENNAN SCHOOL OF HEALING, 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):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

Barbara Brennan is no longer listed as the registered agent but is still listed as an officer. You can remove her as an officer by filing the enclosed amendment form.

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.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 313A00023360

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Barbara Brennan School of Healing, Inc  
DOCUMENT NUMBER: P 00 0000 14426

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

Please return all correspondence concerning this matter to the following:

Diane Dodge  
Name of Contact Person  
Barbara Brennan School of Healing  
Firm/ Company  
500 NE Spanish River Blvd #208  
Address  
Boca Raton, FL 33431  
City/ State and Zip Code  
finance@barbarabrennan.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Dodge at ( 561 ) 362 2955  
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  \$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

*paid*

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

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

Barbara Brennan School of Healing, Inc. 2013 OCT 21 PM 12:22  
(Name of Corporation as currently filed with the Florida Dept. of State)

P 00000014426

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

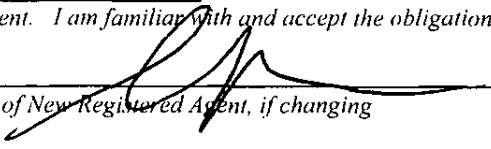
**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 Diane Dodge  
500 NE Spanish River Blvd #205  
(Florida street address)  
New Registered Office Address: BOCA RATON, Florida 33431  
(City) (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:

Change                      PT      John Doe

Remove                        V      Mike Jones

Add                              SV     Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |          |                        |                             |
|--|----------|------------------------|-----------------------------|
| 1) <input type="checkbox"/> Change         | <u>P</u> | <u>Barbara Brennan</u> | <u>500 NE Spanish River</u> |
| <input type="checkbox"/> Add               |          |                        | <u>Rld # 208</u>            |
| <input checked="" type="checkbox"/> Remove |          |                        | <u>Boca Raton, FL 3349</u>  |
| 2) <input type="checkbox"/> Change         | <u>D</u> | <u>Diane Dodge</u>     | <u>500 NE Spanish River</u> |
| <input checked="" type="checkbox"/> Add    |          |                        | <u>Rld # 208</u>            |
| <input type="checkbox"/> Remove            |          |                        | <u>Boca Raton, FL 33431</u> |
| 3) <input type="checkbox"/> Change         | _____    | _____                  | _____                       |
| <input type="checkbox"/> Add               |          |                        | _____                       |
| <input type="checkbox"/> Remove            |          |                        | _____                       |
| 4) <input type="checkbox"/> Change         | _____    | _____                  | _____                       |
| <input type="checkbox"/> Add               |          |                        | _____                       |
| <input type="checkbox"/> Remove            |          |                        | _____                       |
| 5) <input type="checkbox"/> Change         | _____    | _____                  | _____                       |
| <input type="checkbox"/> Add               |          |                        | _____                       |
| <input type="checkbox"/> Remove            |          |                        | _____                       |
| 6) <input type="checkbox"/> Change         | _____    | _____                  | _____                       |
| <input type="checkbox"/> Add               |          |                        | _____                       |
| <input type="checkbox"/> Remove            |          |                        | _____                       |

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

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

n/a

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

n/a

The date of each amendment(s) adoption: October 15, 2013, if other than the date this document was signed.

Effective date if applicable: October 15, 2013  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/17/13

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Diane Dodge  
(Typed or printed name of person signing)

DIRECTOR  
(Title of person signing)