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R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Warner Massage, 1	Inc.	
DOCUMENT NUMB	ER: P00000017505		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
9	Scott Maurer		
_		Name of Contact Persor	1
(	Callahan and Maurer, PA		
_		Firm/ Company	#1
:	13191 Starkey Road, Suite 9		
<del>-</del>		Address	
I	Largo, FL 33773		
_		City/ State and Zip Code	•
warner	massage@hotmail.com		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Scott Maurer		at ( <sup>727</sup>	450-8672
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amer Divis P.O. 1	ng Address Idment Section Ion of Corporations Box 6327 Inassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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15 SEP 23 PH 12: 08 Warner Massage, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA P00000017505 (Document Number of Corporation (if known) 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: Warner Healing Guidance, Inc. 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 (Florida street address) , Florida New Registered Office Address: (Zip Code) (City) 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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	one <u>s</u>	
X Add	<u>sv</u>	Sally Sr	nit <u>h</u>	
Type of Action (Check One)	<u>Title</u>		Name	<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		_		<del></del>
Remove				<u> </u>

Attach additional sheets, if necessary).	(Be specific)
	AP THE
	<u> </u>
-	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
****	

• • • • • • • • • • • • • • • • • • • •	September 8, 2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	ı
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ıt
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	45EP 2015 Lang Warner	
Signature	Lang Warner	
(By ≽-	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	Doug Warner	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	