

PD 200048923

Natural Cure Research Inc.  
208 Alexandra Woods Dr.  
Debar, FL 32713  
407-474-2351  
Fax 386-753-1689

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(Business Entity Name)

(Document Number)

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FILED  
03 MAR 31 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FL 32300

Amend  
T. Lewis 3/31/03

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

FILED  
03 MAR 31 PM 4:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NATURAL CURE RESEARCH, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

IT WAS MOTIONED TO ADOPT THE FOLLOWING:

1) CHANGE REGISTERED AGENT ARTICLE 5 FROM:

ROBERT H. CONNOR 5624 NW 87 WAY CUCAL SPRINGS, FL 33067  
TO: IRA HELMAN 208 ALEXANDRA WOODS DR. DEBARY, FL 32713

2) CHANGE ADDRESS - ARTICLE 1 TO:

208 ALEXANDRA WOODS DR. DEBARY, FL 32713

3) CHANGE BOARD OF DIRECTORS & INCORPORATORS

ARTICLE 6 + ARTICLE 7 TO:

IRA HELMAN  
208 ALEXANDRA WOODS DR.  
DEBARY, FL 32713

**SECOND:** 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, are as follows:

**THIRD:** The date of each amendment's adoption: 10-31-02

**FOURTH:** Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 SHAREHOLDERS 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.

Signed this 31 day of OCT, 2002

Signature

Robert Helman, President

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Robert

**SIGN  
HERE**

ton

Printed name

PRESIDENT

Title

NEEDING

SIGNATURE

x [Signature]

10/31/02

IRA HELMAN

PRESIDENT

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT  
OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: NATURAL CURE RESEARCH, INC.

1b. The mailing address of the corporation is: SUP. 5624 NW 87 WAY  
CORAL SPRINGS, FL 33067  
NEW: 208 ALEXANDRA WOODS DR. DEBARY, FL 32713

1c. Date of incorporation: 4/29/02 Document number: P02000048923

2. The name and address of the current registered agent and office:

ROBERT B. CORTEN  
5624 NW 87 WAY  
CORAL SPRINGS, FL 33067

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

IRA HELMAN  
208 ALEXANDRA WOODS DR  
DEBARY, FLORIDA 32713

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Robert B. Corten  
(Signature of an officer, chairman or  
vice chairman of the board)

10.29.02  
(Date)

Robert B. Corten  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the position as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

10.30.02  
(Date)

If signing on behalf of an entity:

IRA HELMAN  
(Typed or Printed Name)

PRESIDENT  
(Capacity)