

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations				
NAME OF CORPORATION: Nassau Health Foods, INC. DOCUMENT NUMBER: P0300011163.				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Nassau Health Foods INC				
833 T. J. Courson Rd. Address				
Fernandina Beach F1 32034				
City/ State and Zip Code				
Fernandina Beach, Fl 32034 City/ State and Zip Code buster beaton @ gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Kim Beaton at (386) 365-3662				
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

FILED

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	of	oi ation	And the State of	· 1n 4.31
Noissau H	alth Fr	och !	Inc	SERVICEONDA
(Name of Corporation as curre		ga Dept. of State	2)	en e
1000	63			
(Document Num	nber of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Flor</i>	rida Profit Corpo	ration adopts the	following amendment(s) to
A. If amending name, enter the new name of	the corporation:	/A		The new
name must be distinguishable and contain th	ne word "corporation."	"company." or	"incorporated"	
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co'	". A professional	l corporation nai	ne must contain the
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		N/A	-	
C. Enter new mailing address, if applicables (Mailing address MAY BE A POST OFFICE)		N/A		
D. If amending the registered agent and/or r new registered agent and/or the new regi		in Florida, enter	the name of the	
Name of New Registered Agent	<i>N//</i>	4		
New Registered Office Address:	(Florida street o	,	, Florida	
	(City)		(Zip	Code)
New Registered Agent's Signature, if changi				
I hereby accept the appointment as registered a	gent. I am familiar with NV	and accept the o	bligations of the p	position.
Sionatur	re of New Registered Age	nt. 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	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	V Kimberly T. Beaton	489 Starboard Landin Fernandina Beach
Add Remove	,	Fernandina Beach F1 32034
2) Change		
Remove 3) Change		
Add		
Remove 4) Change		
Add Remove	·	
5) Change		
Add Remove		
6) Change		
Remove		

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)	NA		
		1.1.1.		
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f an amendment provides for an exc provisions for implementing the amo	nange, reclassific endment if not co	eation, or cance ontained in the a	<u>amendment itself</u>	<u>inares.</u>
(if not applicable, indicate N/A)	n 1 /			
	<u> </u>	4		<u></u>
			· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date if applicable:	NA	
<u>ppieusis</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	for the amendment(s) was/were sufficient for approval	_
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoraction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated Nove	ember 20, 2914	
Signature	Just Sentia	
	rector, president of other officer - if directors or officers have not been , by an incorporator - if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
-	Ernest L. Beaton III	<u></u>
	(Typed or printed name of person signing)	
	President	<u> </u>
,	(Title of person signing)	ي اي يغاربه بهيءَ المداد الله