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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/11/05
Amend + N/C
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COVER LETTER

• **TO:** Amendment Section
Division of Corporations

NAME OF CORPORATION: ONELIFE FOR HEALTHFOODS INDUSTRIES, INC

DOCUMENT NUMBER: P03000068934

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

Please return all correspondence concerning this matter to the following:

HILARION L. MENDOZA

(Name of Contact Person)

ONELIFE FOR HEALTHFOODS INDUSTRIES, INC

(Firm/ Company)

7640 WESTWOOD DRIVE

(Address)

TAMARAC, FLORIDA 33321

(City/ State and Zip Code)

RECEIVED
05 SEP 27 AM 8:00
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

HILARION L. MENDOZA

(Name of Contact Person)

at (954) 718-8745

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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)

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 28, 2005

Hilarion L. Mendoza
Online For Healthfoods Industries, Inc.
7640 Westwood Drive
Tamarac, FL 33321

SUBJECT: ONELIFE FOR HEALTH FOODS INDUSTRIES, INC.
Ref. Number: P03000068934

We have received your document for ONELIFE FOR HEALTH FOODS INDUSTRIES, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 005A00059067

Articles of Amendment
to
Articles of Incorporation
of

FILED

05 OCT 10 PM 2:35

ONELIFE FOR HEALTHFOODS INDUSTRIES, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P03000068934

(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:

NEW CORPORATE NAME (if changing):

ONELIFE INDUSTRIES, INC

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

CHANGE COMPANY ADDRESS AND REQUESTED AGENT ADDRESS TO;

3511 W COMMERCIAL BLVD BAY# 203, FORT LAUDERDALE, FLORIDA 33309

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: SEPTEMBER 20, 2005

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

☒ The amendment(s) was/were approved 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.

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)

HILARON L. MENDOZA

(Typed or printed name of person signing)

DIRECTOR, PRESIDENT, STOCKHOLDER

(Title of person signing)

FILING FEE: \$35