P0300008185

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	⇒ #)
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SECRITARY OF STATE

ONVISION OF COMPACATION

Amend

AUG 20 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HEALING TOUC	H C & C INC	
DOCUMENT NUMBI	D03000086345		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
(CARLOS I BERMUDEZ		
-		Name of Contact Person	1
I	HEALING TOUCH C & C I	NC	
_		Firm/ Company	
4	1385 WEST 16 AVE		
_		Address	
I	HIALEAH, FL 33012		
-		City/ State and Zip Code	e
For further information	E-mail address: (to be us	sed for future annua! report se call:	notification)
CARLOS I BERMUD	EZ	954 at (483-6770
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Idment Sec	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HEALING TOUCH C & C INC

(Name of Corporation	as currently filed with the Florida Dept. of State)
P03000086345	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	oration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the ab	"corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Neigh
	7
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
Name of New Registered Agent	69 7
Name of New Registered Agem	
	(Florida street address)
Nam Pagistanad Office Adduses	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	ered Agent: am familiar with and accept the obligations of the position.
zzy zazepi mo apponimiem az registeren agem. Ta	, a accept the conganion of the periodic
Signati	re 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>T</u>	MARINO RIOS	
Add			
X Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
-,	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated <u>⊬</u>	13/2015 House t	
Signature 4	() formers t	
selec	a director, president or other officer – if directors or officers have not been cited, by an incorporator – if in the hands of a receiver, trustee, or other court counted fiduciary by that fiduciary)	
	CARLOS I BERMUDEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	