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COVER LETTER

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

NAME OF CORPORATION: WINDSOR HEALTH WORKS, INC.
DOCUMENT NUMBER: P0400001642
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JAN SMALL
Name of Contact Person
Firm/ Company
27564 GOPHER HILL ROAD Address MYAKKA CITY, FL 34751 City/State and Zin Code
MYAKKA CITY FI 34761
City/ State and Zip Code
City/State and Zip Code jan Small Soc@gmail: com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAN SMALL 941 322-6495
Name of Contact Person at (941) 322-6495 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) \$35.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

 WINDSOR HEALTH WORKS, INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P04000001647_	
/D	

(Name of Corporation as currently	filed with the Flo	rida Dept. of Stat	<u>e</u>)	
P040000	001647	7_		
(Document Number	of Corporation (if I	(nown)	<u> </u>	
Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, thi	s <i>Florida Profit</i> (Corporation	adopts the follow
A. If amending name, enter the new name of the				
HUNDRED OAK	S, INC	• •		
The new name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the dest name must contain the word "chartered," "professi	the word "corpora ignation "Corp," '	tion," "company, Inc," or "Co". A	professio	porated" or the nal corporation
B. Enter new principal office address, if applicat				= =====================================
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS)			000
				C. C.
				Fan B
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	DAY)			が一次
(Mutting uttaress MAT BE A FOST OFFICE E	<u>301</u>)			3 3
D. If amending the registered agent and/or regist	tered office addres	s in Florids, ente	r the name	of the
new registered agent and/or the new registere		o in 1 lor man cont		- U1 1115.
Name of New Registered Agent:				
				
	(Florida street	address)		
New Registered Office Address:			Florida	
	(City)		, 1 1011 00	(Zip Code)
Nam Danistana J. A. antij. Simotana (C. L. antij. D				
New Registered Agent's Signature, if changing Relation I hereby accept the appointment as registered agent.		h and accept the o	bligations o	of the position.
	-	-	_	-
Signature of l	New Registered Age	ent, if changing	 	

If AMEND	ING the Off	icers and/or Directe	ors, please list al	ll officers/d	irectors of the corporatio	n as you now want
the record	to be. Please	indicate the title(s).	<u>name and addre</u>	ss for each	officer/director.	
(Our databi	ase can index	up to 6 officers/dir	ectors. If you h	ave more th	an 6 officers/directors, ple	ease list them on an
additional s	heet.)				_	
Title(s)		<u>Name</u>		<u>Ad</u>	<u>iress</u>	
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If REMOV	ING an office	er and/or director, p	lease list the title	e(s) and nai	ne of the officer/director t	o be removed:
Title(s)	<u>Name</u>		1	<u>itle(s)</u>	<u>Name</u>	
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1)			4)		
2)			5	<u>)·</u>		
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jE.	If amending or adding additional Art (attach additional sheets, if necessary).	ticles, enter change(s) here:
_	(and ch dddittondi sheets, if necessary).	(De specific)
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provisions for i	ent provides for an exchange, reclassification, or cancellation of issued shares, implementing the amendment if not contained in the amendment itself:
(ij not appil	icable, indicate N/A)
· · · · · · · · · · · · · · · · · · ·	
he date of each ar	mendment(s) adoption:
	·
Effective date <u>if ap</u>	plicable:
	(no more than 90 days after amendment file date)
doption of Amend	dment(s) (CHECK ONE)
The amendment	(a) was fivere adopted by the charabolders. The number of victor cost for the amondment(s)
	(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) lers was/were sufficient for approval.
7 m	
	(s) was/were approved by the shareholders through voting groups. The following statement ely provided for each voting group entitled to vote separately on the amendment(s):
"The numb	er of votes cast for the amendment(s) was/were sufficient for approval
bv	
	(voting group)
The amendment(action was not re	s) was/were adopted by the board of directors without shareholder action and shareholder quired.
The amendment(s action was not re-	s) was/were adopted by the incorporators without shareholder action and shareholder quired.
Da	ated 11.28.2011
Si	gnature Jan Small
	(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)
	JAN SMALL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)