P04000102273

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TALLAHASSEE, FLORIDA

8/23/04

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WATERSNINE HEALTH AND WELLNESS, P.A.

DOCUMENT NUMBER: P04000102273

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

Please return all correspondence concerning this matter to the following:

NELSON CROWLE
(Name of Contact Person)

WATERSNINE HEALTH AND WELLNESS, P.A.
(Firm/ Company)

6101 BAYSIDE DRIVE
(Address)

NEW PORT RICHEY, FL 34652
(City/ State/ and Zip Code)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

NELSON CROWLE at (727) 642-5876
(Name of Contact Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

FILED
04 AUG 23 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WATERSHINE HEALTH AND WELLNESS, P.A.
(Name of corporation as currently filed with the Florida Dept. of State)

P04000102273
(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):

WATERSHINE HEALTH AND WELLNESS, 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)

ARTICLE II: Amend Principal Place of Business. Note - no change to mailing address
3603 PALM HARBOR BLVD, SUITE B, PALM HARBOR, FL 34683

ARTICLE III: Replace "Provide Professional Medical Services" with
new purpose: "Any and all legal business activities"

ARTICLE VII: ADD an officer (no change to the two already there):
TITLE: Secretary
NELSON CROWLE
6101 BAYSIDE DRIVE
NEW PORT RICHEY, FL 34652
(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)

N/A

(continued)

The date of each amendment(s) adoption: 20 AUGUST 2004

Effective date if applicable: 20 AUGUST 2004
(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.

Signed this 20 day of AUGUST, 2004.

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)

NELSON CROWLE
(Typed or printed name of person signing)

VICE PRESIDENT
(Title of person signing)

FILING FEE: $35