P04000103577

(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
(Ad	ddress)	
(Cir	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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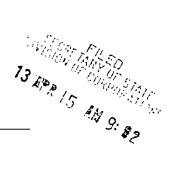
COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: BODIFI INC	
DOCUMENT NUMBER: P0400010357	77
The enclosed Articles of Amendment and fee are su	
	-
Please return all correspondence concerning this man	tter to the following:
DOREEN SANTO	ORO
	Name of Contact Person
CORE WITHIN IN	NC
	Firm/ Company
1624 16TH COU	RT
W IDITED 51 004	Address
JUPITER, FL 334	
	City/ State and Zip Code
bodifi@att.net	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
DOREEN SANTORO	at (561) 371-3622
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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(Name of Corporation a	s currently filed with the	Florida Dept. of State)	_
P04000103577			
(Docume	nt Number of Corporation	(if known)	_
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the following	ing amendment(s) to
A. <u>If amending name, enter the new n</u> CORE WITHIN INC	ame of the corporation:		
name must be distinguishable and con	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the "Co". A professional corporation name must	The new abbreviation t contain the
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address <u>MUST BE A S</u>		N/A	_
		N/A	<u> </u>
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	_
		N/A	
		N/A	_
		dress in Florida, enter the name of the	
new registered agent and/or the ne		<u> </u>	
Name of New Registered Agent	N/A		
	N/A		
	(Florida s	street address)	
New Registered Office Address:	N/A	, Florida N/A	
	(Cit	y) (Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agei	nt:	
		r with and accept the obligations of the position.	,
Sign	gnature of New Registered	d 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.

X Change	PT Joh	nn Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
2) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
3) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
4) Change	N/A	N/A	N/A	
Add			N/A	
Remove			N/A	
5) Change	N/A	N/A	N/A	
Add			N/A	_
Remove			N/A	
6) Change	N/A	N/A	N/A	
Add			N/A	_
Auu Remove			N/A	_

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
/A		
	· · · · · · · · · · · · · · · · · · ·	
	· · · · ·	
	·····	
If an amendment provides for an exch	unge reclassification or cancellation o	fiscuad chares
provisions for implementing the amer	dment if not contained in the amendm	ent itself:
(if not applicable, indicate N/A)		
I/A		
		·
 		
		4

The date of each amendmen	t(s) adoption: MARCH 25, 2013
Effective date if applicable:	MARCH 25, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	4/12/13
Signature	Yneen Santon
	By a director, president or other officer – if directors or officers have not been
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	DOREEN SANTORO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)