P06000025939

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(Ac	ddress)	
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2009 JUN 19 AM 10: 10
SECRETARY OF STATE
ALLAHASSEE

Amend
TB 6/22/09

COVER LETTER

TO: Amendment Section '
Division of Corporations

NAME OF CORPORATION	N: Dawn's Dreams of Wellness Company				
DOCUMENT NUMBER:		P06000025939			
The enclosed Articles of Amer	adment and fee are subm	itted for filing.			
Please return all correspondence	ce concerning this matter	to the following:			
		arie Lewis			
	Name of C	ontact Person			
		Wellness Company			
	Firm/	Company			
	1389 Latt	more Drive			
,	Ad	dress			
	Clermon	t, Fl 34711			
	City/ State	and Zip Code			
E-mai	dreamsofwellnes	ss@aol.com re annual report notification)			
For further information concer	ning this matter, please o	eall:			
Dawn Marie	ai	\	24-5513		
Name of Contact Pe	rson	Area Code & Daytime Te	lephone Number		
Enclosed is a check for the fol	lowing amount made pay	able to the Florida Depar	tment of State:		
	cate 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 Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns Di Cl 26	reet Address nendment Section vision of Corporations ifton Building 61 Executive Center Circ llahassee, FL 32301	le		

Articles of Amendment to **Articles of Incorporation**

Dawn's Dreams of Wellness Company (Name of Corporation as currently filed with the Florida Dept. of State)

P06000025939

Articles of	Amendment
	2000 1/ A
	ncorporation of
	4() C _R
Dawn's Dreams of We	th the Floride Dept of State
P0600002593	
(Document Number of Corpo	ration (11 known)
Pursuant to the provisions of section 607.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	tion:
name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professional corporation
3. Enter new principal office address, if applicable:	1389 Lattimore Drive
(Principal office address <u>MUST BE A STREET ADDRES</u>	Clermont, FI 34711
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 22145 Orlando, Fl 32830
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Orlando, Fl 32830 fice address in Florida, enter the name of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) D. <u>If amending the registered agent and/or registered of</u>	Orlando, Fl 32830 fice address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office Name of New Registered Agent:	Orlando, Fl 32830 fice address in Florida, enter the name of the address: llorida street address)
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: (F	Orlando, Fl 32830 fice address in Florida, enter the name of the address: llorida street address)
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: (F	Orlando, Fl 32830 Fice address in Florida, enter the name of the address:
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address: (F	Orlando, Fl 32830 fice address in Florida, enter the name of the address: florida street address) , Florida

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)

Title Name Address **Type of Action** _ 🛮 Add 🕙 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

The date of each amendmen	t(s) adoption: March 30, 2009
Effective date if applicable:	March 30, 2009 (date of adoption is required)
•	(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	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ere 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	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_Jun Signature	e 16, 2009
	a director, president or other officer – if directors or officers have not been
	ected by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	Dawn Marie Lewis
	(Typed or printed name of person signing)
	President
	(Title of person signing)