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FILED SECRUTARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATIO	n: <u>A.S.</u>	HEALTHY C	HOICE CORP
DOCUMENT NUMBER: _	P0609	00139601	
The enclosed Articles of Am	endment and fee ar	re submitted for filing.	
Please return all corresponde	nce concerning this	s matter to the following:	
	Apouto S	UARE 2 of Contact Person)	
<u> </u>	.S. HEALTHY	CHOICE CORP.	····
1/238	NW 53	(Address)	
		FL 33178	
For further information conc	•	ate and Zip Code) please call:	
ADOUFO S (Name of Contact	Person)	at () (Area Code & Daytii	ne Telephone Number)
Enclosed is a check for the f	ollowing amount m	ade payable to the Florida D	epartment of State:
\$35 Filing Fee \$43. Cert	75 Filing Fee & ificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE  ON OF CORPORATIONS
08 OCT 16 PM L: L.Z.

Art	ticles of Incorpor of	ation	08 OCT 16	PM
A.S. HEALTHY	CHAICE	CORP.	v	111 4: 47
(Name of Corporation as cur			of State)	
P06 D00	139601			
	umber of Corporation	on (if known)		
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inc.		es, this <i>Florida I</i>	Profit Corporati	ion adopts the
A. If amending name, enter the new name	of the corporation	<u>ı:</u>		
NIA				
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	" "Inc.," or Co.,	" or the designat	tion "Corp," ".	Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STRE			J 18 ave FL 3	<del></del>
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u> )		3695 1 Halah		012
D. If amending the registered agent and/o new registered agent and/or the new re			la, enter the na	me of the
	<u>\</u>	(A)		
New Registered Office Address:	(Florid	da street address)		
			, Florida <i>(Zip</i>	a
		(City)	(Zip	Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registed position.	ging Registered A. red agent. I am	<mark>gent:</mark> familiar with ana	l accept the obl	ligations of the
· _	Signature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>secretary</u>	ANGELA SJAKEZ	11238 NJ 53CM Migmi Fr 33178	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enter chional sheets, if necessary). (Be specific		
provisions	dent provides for an exchange, reclassifier implementing the amendment if no applicable, indicate N/A)		
			<del>.</del>
- N - N - N - N - N - N - N - N - N - N			

The date of each amendment(s) ado	ption: 10/10/08
	$C_{\cdot}$
(no m	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	r the amendment(s) was/were sufficient for approval
by	
(voting	g group)
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 10\10	0/08
selected, b	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	Aporto Suarez (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)