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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION: <u>HEALTHY</u>	LIVING 4 U, INC	<b>4</b>		
DOCUMENT N	JMBER: <u>P07000012</u>	2260			
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.			
Please return all co	orrespondence concerning thi	is matter to the following:			
· · · · ·		RGARET T-ERTLE	<u></u>		
	(Name	of Contact Person)			
HEALTHY LIVING 4 U, INC					
(Firm/ Company)					
	179 S.	LAWRENCE BLVD			
		(Address)			
	KEYSTON	NE HEIGHTS, FL 32656			
		tate and Zip Code)			
For further inform	ation concerning this matter,	please call:			
ROSALIE JAROSZ	e of Contact Person)	at ( <u>352</u> ) <u>473-8110</u> (Area Code & Daytime			
•	,	nade payable to the Florida De			
<b>√</b> \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
<u>Mailing A</u> Amendmer		Street Address Amendment Section			
<del>-</del>	of Section for Corporations	Amenament Section Division of Corporations			
PO Box 6		Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

FILED
2009 JAN 20 pm
TALLAHASSEP STATE

### HEALTHY LIVING 4 U, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000012260P

(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:

A.	If	amending	name.	enter t	he new	name o	f the	corporati	ion:

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	'Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if appli		
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	E BOX)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
D. If amending the registered agent and/or re	gistered office address in Florida, c	enter the name of the
new registered agent and/or the new regist		·
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>P</u>	RAYMOND J ERTLE	6433 LOCH LOMMOND DRIVE Keystone Heights, FI 32656	
<u>P</u>	MARGARET T-ERTLE	6433 LOCH LOMMOND DRIVE Keystone Heights, FI 32656	
<u>VP</u>	RAYMOND J ERTLE	6433 LOCH LOMMOND DRIVE Keystone Heights, FI 32656	
	additional sheets, if necessary). (Be	e specific)	
provis		e, reclassification, or cancellation of issent if not contained in the amendment	
		· · · · <u></u>	

The date of each amendment(s) adoption: 1/15/20	09
Effective date if applicable:	•
(no more than 90 day	s after amendment file date)
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro	cholders. The number of votes cast for the amendment(s) val.
	reholders through voting groups. The following statement of entitled to vote separately on the amendment(s):
"The number of votes cast for the amendmen	t(s) was/were sufficient for approval
by	
(voting group)	
The amendment(s) was/were adopted by the board action was not required.	d of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incoraction was not required.	porators without shareholder action and shareholder
Dated//_6	- 09
Signature	r other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court t fiduciary)
Raymond 3 (Typed o	r printed name of person signing)
Presiden (Ti	tle of person signing)