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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A Treasure Coast Hypnesis & Holistic Health, Inc
DOCUMENT NUMBER: POF00044944
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Britary L-Bell Name of Contact Person
A Treasure Casel Hypussis & Holistic New th, lac
2113 SW KANNER HWY Address
2
City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
of twind minimanon concerning his matter, prease care.
Brillary Bell at (772) 286-0899
Name of Contact Person at (772) 286-0899 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
So Filing Fee Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations Division of Corporations P.O. Box 6327 Cliffon Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

A Treasure Coast Hypnos	or Sis & Holistic Health, Inc				
(Name of Corporation as currently filed with the Florida Dept. of State)					
POFDE (Document No	20044 9 44 umber of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation	tes, this Florida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corpora	tion:				
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc. word" chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	NA				
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	NA PR-7 PH 2: 09				
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office					
Name of New Registered Agent) d				
(F) New Registered Office Address:	orida street address) A Florida (City) (Zip Code)				
	(Ling Conty)				
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	i Agent: imiliar with and accept the obligations of the position.				
Signature o	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)

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 Snith 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.

Example: X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add			,	
Remove			J/A	
2) Change			10/ 1	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
A 01				
6) Change		-		
Add				
Remove				

If amending or a (Attach <i>additional</i>	dding additional Ar sheets, if necessary).	ticles, enter change(s (Be specific)	here:	, 1	
	. .				
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				·	
					
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provisions for ir	nplementing the am	hange, reclassificatio endment if not contai	n, or cancellation of is: ned in the amendment	sued shares. itself:	
(if not applic	cable, indicate N/A)	N/F	, 1		
		/\//	<u></u>	·······	<u></u> .

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	The date of each amendment(s) adoption:	if other than the
	date this document was signed.	
	Foresting that if any live has	
	Effective date if applicable: (no more than 90 days after amendment file date)	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	ll not be listed as the
	Adoption of Amendment(s) (CHECK ONE)	
ار بر	The amendment(s) was/were adopted 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	
	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.	
	Dated 3-30-2016	
	Signature Buttany L. Bell	
	(By a director, president or other officer - if directors or officers have not been	
	selected, by an incomporator tin the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	Grittany L Bell	
	(Typed or printed name of person signing)	<u> </u>
	R/V	
	(Title of person signing)	