## PD7000044944

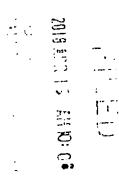
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificate	s of Status				
Special Instructions to Filing Officer:					
4.9.18	)				





500311744725

04/18/19--01024--008 \*\*S2.50



Manuchas/cus

APR 17 2018 I ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Treasure Coast Hypnosis & Kolistic Health, lac The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following Brittury Bell Name of Contact Person Treasure Coast Hypnesis, tInc 2113 5W Kanner Hwy, Stuart, FL 34994 City/ State and Zip Code britt @ treasure coust hypnosis. com E-mail address. (to be used for future annual report notification) For further information concerning this matter, please call: Brittany Bell at (772) 256-0899
Area Code & Davrime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State \$52 50 Filing Fee ■\$43.75 Filing Fee & ■\$43.75 Filing Fee & ■ \$35 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building PO. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation

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

Treasure Coast Hypnosis & H (Document Number of Co	colotic Health, 1	na.
(Document Number of Co	prporation (if known) PDI	200044944
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the f	ollowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
Treasure Coast Hypnosis, (nc		The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered." "professional association," or the abbreviation "P.A	". A professional experation nam	r the abbreviation e must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2018 - 13 - 13 - 13 - 13 - 13 - 13 - 13 -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the name of the	5.0
New Registered Office Address: (C	address)  A Florida	(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)

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.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name 1	Address
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ)Change			
Add			
Remove			

(An	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
	<del></del>
	<u> </u>
If a	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
	N/A

The date of each amendment(s) addate this document was signed	option:		, if other than the
Effective date <u>if applicable</u> :	(no more than 90 de	sys after amendment file da	ne)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable partment of State's records.	e statutory filing requirem	ents, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adop by the shareholders was/were suf		mber of votes cast for the a	mendment(s)
☐ The amendment(s) was/were appr must be separately provided for a	roved by the shareholders throug each voting group entitled to vot	n voting groups The follows separately on the amenda	ving statement nent(s):
"The number of votes cast f	or the amendment(s) was/were s	ufficient for approval	
ьу	(voting group)	."	
The amendment(s) was/were adopaction was not required	oted by the board of directors wi	hout shareholder action an	d shareholder
The amendment(s) was/were ado action was not required	pted by the incorporators withou	shareholder action and sha	weholder
selected	1-12-18  Attant 312  rector, president or other officer  by an incorporator – if in the h		
appoint	ed fiduciary by that fiduciary) $R : HANN$	Lee Bell	President

(Title of person signing)

(Typed or printed name of person signing)