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(Req	luestor's Name)	
(Add	Iress)	
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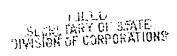
C. Lewis 14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CODDOD	ATION: To Your He	ealth of Lake Co	unty Inc
DOCUMENT NUMB	P0700008709	6	
	f Amendment and fee are su		
Please return all corresp	condence concerning this man	tter to the following:	
	Sandy	Chang Name of Comfact Perso	
		Name of Contact Perso	n
-		Firm/ Company	
· _	18550 L	15 Hwy 441	
	Mount D	oea, FL 3:	2757
-		City/ State and Zip Cod	le
	5 andy 11	m egmail	2757 le . Com
	concerning this matter, pleas		
Sandy C	hang	at (352	ode & Daytime Telephone Number
O Name o	f Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amen Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle
		Tallah	assee, FL 32301

Articles of Amendment to Articles of Incorporation



10	14 SEP 26 PH 2: 39
To Your Health of Lake County, Inc.	
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
P07000087096	
(Document Number of Corporation (if	îknown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this lits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "word "chartered." "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	26540 Ace Avenue
(Principal office address MUST BE A STREET ADDRESS)	26540 Ace Avenue Suite 108-C
	Leesburg, FL 34748
	Leesow), i c
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18550 US Hwy 441
(MH Don FL 32757
	7/11 20/2 7032:37
D. If amending the registered agent and/or registered office addr	
new registered agent and/or the new registered office address	<u>i</u>
Nume of New Regimered Agent	<u>9</u>
[8550 US]	Ywy YY!
New Registered Office Address: Mount Do	Ra . Florida 32757
New Registered Office Address: // DUNT Do (City)	(Zip Code)
N. D. Lee J. A. W. Cirneston of the control Desiration of Assessed	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar v	
Chanol Klear.	Slieng
Chang Plan. Signature of New Registered.	Agent, if changing
V	\mathcal{U}

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> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
Change Add Remove	PTS Khai Chang	18550 US Hwy 441 Mount Dom FL32757
2) Change	D Joseph Carras	CO 9520 San Fernando Cowt Howey in the Hills FL 34737
Remove 3) Change Add Remove	D Shahbar Chee	na 1004 Penble Rd Leesburg, FL 34748
4) Change Add Remove	P Shanon Carris	Managin the Hills, FL 34787
5) Change		
Remove 6) Change Add Remove		

tach additional sheets, if necessary).	
	N/A
	<u> </u>
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A 1	1 / A
	/ ·
	7
	7

,	SLIZKLIMEN SLIZKLIMEN OF CENTRAL	ELD OF STATE ORPORATIONS
The date of each amendment(s) adoption: August 29 2014	44.050.04	, if other than the
date this document was signed.	14 SEP 26	P# 2: 39
Effective date if applicable: August 29 2019 (no more than 90 days after amendment file date)	e I	
(no more than 50 actys after amenament fre adv	c)	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.	nendment(s)	
The amendment(s) was/vere approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	ing statement ent(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by" (voting group)		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder	
The amendment(s) was/were adopted by the incorporators without shareholder action and shar action was not required.	eholder	
Dated		
Signature Llang Hai Science (By a director, president for other officer – if directors or officers have	a not been	_
selected, by an incorporator – if in the hands of a receiver, trustee, or	other court	
appointed fiduciary by that fiduciary)		
Khai Chana		
(Typed or printed name of person signing)		
Chang (Typed or printed name of person signing) President		
(Title of person signing)		