

PO7000133025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

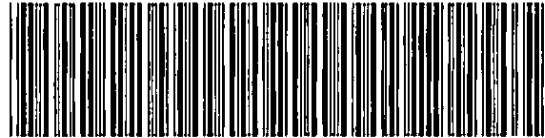
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2022 SEP 16 PM 5:59

of 9/21/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Absolute Health Center, Inc.

DOCUMENT NUMBER: P07000133025

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Denise Haines
Name of Contact Person
Absolute Health Center, Inc.
Firm/ Company
4110 NW 37th Place, Suite D
Address
Gainesville, FL 32606
City/ State and Zip Code
denise4uf@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Denise Haines at (352) 328-4167
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2022

PATRICIA DENISE HAINES
4110 NW 37TH PLACE
SUITE D
GAINESVILLE, FL 32606

SUBJECT: ABSOLUTE HEALTH CENTER, INC.
Ref. Number: P07000133025

We have received your document for ABSOLUTE HEALTH CENTER, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 622A00019470

SEP 16 2022

Articles of Amendment
to
Articles of Incorporation
of

ABSOLUTE HEALTH CENTER, INC.

2022 SEP 16 PM 5:59

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

P07000133025

(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 the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, 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

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	FREDERICK D. HAINES, II	8618 SW 57 LANE
<input type="checkbox"/> Add			GAINESVILLE, FL 32608
<input checked="" type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	VP	PATRICIA D HAINES	8618 SW 57TH LANE
<input type="checkbox"/> Add			GAINESVILLE, FL 32608
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

PATRICIA D. HAINES SHALL NOW BE LISTED AS THE SOLE OFFICER/OWNER OF THE COMPANY AND
RECLASSIFIED FROM VP TO P.

FREDERICK D. HAINES, II IS TO BE REMOVED AS AN OFFICER AND NO LONGER HAS ANY OWNERSHIP
IN THIS COMPANY.

CHANGE PATRICIA D. HAINES OWNERSHIP TO 100% AND FREDERICK D. HAINES, II TO 0%

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:**
(if not applicable, indicate N/A)

PATRICIA D. HAINES SHALL NOW BE LISTED AS THE SOLE OFFICER/OWNER OF THE COMPANY AND
RECLASSIFIED FROM VP TO P.

FREDERICK D. HAINES, II IS TO BE REMOVED AS AN OFFICER AND NO LONGER HAS ANY OWNERSHIP
IN THIS COMPANY.

CHANGE PATRICIA D. HAINES OWNERSHIP TO 100% AND FREDERICK D. HAINES, II TO 0%

The date of each amendment(s) adoption: 6/3/2022, if other than the date this document was signed.

Effective date if applicable: 06/03/2022
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☒ 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 _____."
(voting group)

Dated 6/3/2022

Signature Fred D Haines II
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FREDERICK D. HAINES, II

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)