

PD8000059909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

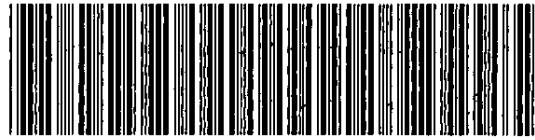
(Business Entity Name)

(Document Number)

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07/21/08--01035--025 **35.00

08 AUG 19 AM 8:06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Amend
@ 8/19/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTH AND LIFE GROUP, INC.

DOCUMENT NUMBER: P080000 59969

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

Please return all correspondence concerning this matter to the following:

SIMONE OLIVEIRA
(Name of Contact Person)

DUVEKOT CORPORATION
(Firm/ Company)

8671 NW 56 TH STREET
(Address)

DORAL. FL. 33166
(City/ State and Zip Code)

For further information concerning this matter, please call:

SIMONE OLIVEIRA at (305) 716-9775
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2008

SIMONE OUVEIRA
DUVEKOT CORPORATION
8671 NW 56TH STREET
DORAL, FL 33166

SUBJECT: HEALTH AND LIFE GROUP, INC.
Ref. Number: P08000059969

We have received your document for HEALTH AND LIFE GROUP, INC. and your check(s) totaling \$35.00. 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.

The document must have original signatures.

The document must have original signatures.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 808A00042731

RECEIVED
2008 AUG 19 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

HEALTH AND LIFE GROUP, INC.

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

PO8000059969

(Document number of corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG 19 AM 8:08

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

PLEASE CHANGE THE ADDRESS OF THE INCORPORATION
TO: 2255 GLADES ROAD, SUITE 324 A
BOCA RATON, FL. 33431

PLEASE CONSIDER THE INCORPORATOR AS MARCIO
FERNANDES, AND AS PRESIDENT, DIRECTOR
AND SECRETARY MARCELO FERNANDES

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: JULY 20TH, 2008

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

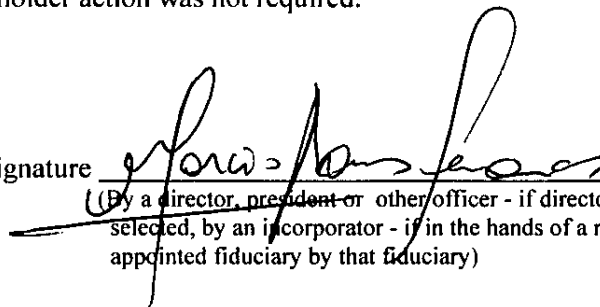
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

☐ 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.

Signature


(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)

MARCIO FERNANDES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)