

P09000001517

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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x cc  
4/29/09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Transformation Health Nutrition Naturals, Inc. ■

**DOCUMENT NUMBER:** P09000001517 ■

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

Please return all correspondence concerning this matter to the following:

FAITH VINSON  
(Name of Contact Person)

TRANSFORMATION HEALTH NUTRITION NATURALS, INC.  
(Firm/ Company)

301 W. PLATT STREET, SUITE 11  
(Address)

TAMPA, FL 33606  
(City/ State and Zip Code)

For further information concerning this matter, please call:

FAITH VINSON at ( 866 ) 949 6325  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

TRANSFORMATION HEALTH NUTRITION NATURALS, INC. ■

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

P09000001517 ■

(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**)

301 W. PLATT STREET, SUITE 11

TAMPA FL 33606

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 23402

TAMPA, FL 33623

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DIR	JENNIFER L. GRIGGS	3223 W. BARCELONA ST. UNIT A TAMPA, FL 33629	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PD	AMY L. FAITH VINSON	5318 STARHILL PLACE TAMPA FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PD	FAITH VINSON	301 W. PLATT STREET SUITE 11 TAMPA, FL 33606	<input checked="" 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)*

CHANGE OF ADDRESS OF DIRECTORS:

1. TINA PENNO - 301 W. PLATT STREET, SUITE 11, TAMPA FL 33606

2. VALERIE MUNOZ - 301 W. PLATT STREET, SUITE 11, TAMPA FL 33606

**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)*


The date of each amendment(s) adoption: 4/22/09

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

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

- ☒ 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)
- ☐ 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 04/22/2009

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)

FAITH VINSON  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)