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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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DEC 11 2014

R. WHITE

COVER LETTER

Division of Corporations The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Name of Contact Person Arcs 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 & □\$43.75 Filing Pec & ☐\$52.50 Filing Fcc Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

TO: Amendment Section

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee, FL 32301

FILED

Articles of Amendment

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	Articles of Incorporation	sant we six the "" "	
	of	TAELAHASSEE	Table -
Wisdom Wellners	Center	H MEGARRASEE	a, kie umiua. -
(Name of Corporation as currently)	filed with the Florida Dept. of State)	1.0 mg	-
PO 90000 4	6255_		
(Pocument Number o	f Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Corpora	tion adopts the following	ng amendment(s)
A. If amending name, enter the new name of the c			
Vibrant Healt	L Center IN	<u>-</u>	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "it v," "Inc," or "Co". A professional co e abbreviation "P.A."	ncorporated" or the a orporation name must	contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>	$\frac{3020 + 6}{\text{Suite 3}}$	edenal Hw Lendala EL	- 7
	Fort Louis	hendale th	_333516
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	230	· ·	
		·	-
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter th office address:	e name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:	,FI	lorida	
	(City)	(Zip Code)	-
New Registered Agent's Signature, if changing Re-	pietered Agent		
hereby accept the appointment as registered agent.	I am familiar with and accept the oblig	gations of the position.	
	·	, -	
Signature of N	lew 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 Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		· .	,
Add Remove			
2) Change Add	.——		
Remove		•	
3) Change			
Add		•	
4) Change			
Add			
5) Change			
Add Remove			
6) Change			
Add Remove			

ets, if necessary).	(Be specific)		
			
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		Manager Control of the Control of th	
	ets, if necessary).	ovides for an exchange, reclassification of the specific of th	ovides for an exchange, reclassification, or cancellation the amendment if not contained in the amendment if not contained in the amendment.

The date of each amendment(s) adoption:		if other than t
date this document was signed.		
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 by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	, n	
	(voting group)	
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder	·.
Dated 12/11/19		
Signature	resident 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	
	iary by that fiduciary)	
·	Ashley Herrin (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	-