Division of Corporations Public Access System

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CHI WELLNESS, INC.

| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

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Articles of Amendment to Articles of Incorporation of

| CHI WE | LLNESS, INC. | | |
|---|---|----------------------------|----------------------|
| (Name of Corporation as curre | | 2 Dopt. of State) | FLORE |
| P096 | 000077420 | | RISE OF |
| Document Num | ber of Corporation (if know | √n) | אקיי |
| fursuant to the provisions of section 607.1006 mendment(s) to its Articles of incorporation: | 5, Florida Statutes, this FL | orida Profit Corporation : | adopts the following |
| . If amending name, enter the new name of | the corporation: | | |
| CHI WELLN | ESS CENTER, INC. | | The new |
| ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "cuartered," "profit. Enter new principal office address, if apple Principal office address MUS; "REA, STREE" | designation "Corp." "Inc. Essional association," or i | " or "Co". A professiona | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE, 1 POST OFFICE) | CE BOX | | |
| D. If amending the registered agent and/or renew registered agent and/or the new registered. Agent: | ngistered office address in tered office address: | Florida, enter the name o | of the |
| New Registered Office A Idress: | (Florida street ac | · | |
| • | <u> </u> | , Florida | |
| | (City) | (Lip Code) | |
| New Registered Office A ldress: New Registered Agent's Signs ure, if changin hereby accept the appointment as registered ag | (City) o <u>g Registered Agent:</u> gent. I am familiar with ar | , Florida, Florida | |
| Si | gnature of New Registered | Agent, if changing | |
| ~ 7 | Chr. 4 | | |

Page 1 of 3

| | <u>ang title, name. Ani</u> iditional sheets. if no | | fficer and/or Director beir | १६ वयवंद्यः |
|---------------|--|-------------------|--|--|
| <u> Title</u> | <u>Name</u> | | Address | Type of Action |
| | | , | | |
| | | | | |
| | | | | Add Remove |
| | | | | |
| | | | | |
| provis | amendment provide ilons for implement not applicable, indi | ing the amendment | reclassification, or cancell if not contained in the am | ation of issued shares, andment itself; |
| provis | amendment provide | ing the amendment | reclassification, or cancell if not contained in the an | ation of issued shares, endment itself; |

| The date of each amendment | |
|--|---|
| Effective data if applicables | (date of adoption is required) |
| Effective date if applicable: | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/w | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. |
| The amendment(s) was/we must be separately provide | e approved by the shareholders through voting groups. The following statement of 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 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | (voiling group) |
| action was not required. | re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder |
| action was not required. | |
| Dated | 9 18 09 |
| Signature | Was P Raill |
| ı. İes | a director, president or other officer – if directors or officers have not been ated, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary) |
| | Robert P. Rachlin (Typed or printed name of person signing) |
| | Tocorporator and Plestdent (Title of person signing) |