

P090000082892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

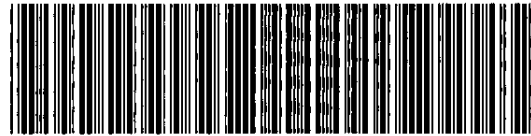
(Document Number)

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*Amens*

FILED  
10 NOV 24 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# *Sweet Healing Touch, Inc.*

8249 N.W. 36<sup>th</sup> Street, Suite 200, Miami, FL 33166

Ph. 305-420-6710 • Fax. 1-305-433-7917

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

November 16, 2010

Attn. Amendment Section

**Re.** Change of address request/ update on corporation

**Document #: P09000082892**

This is to request a change of address for Sweet Healing Touch, Inc. on the following articles of incorporation:

- Article II – Principal Office
- Article IV – Street Address (only)
- Article V – Incorporator (address only)

**New address:**

**Sweet Healing Touch, Inc.  
8249 N.W. 36<sup>th</sup> Street  
Suite 200  
Miami, FL 33166**

**Old Address:**

1800 S.W. 1<sup>st</sup> Street  
Suite 216  
Miami, FL 33135

Sincerely,



Elizabeth Palomino,  
President

# *Sweet Healing Touch, Inc.*

8249 N.W. 36<sup>th</sup> Street, Suite 200, Miami, FL 33166

Ph. 305-420-6710 • Fax. 1-305-433-7917

Department of State  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

November 16, 2010

Attn. Amendment Section

**Re.** Change of incorporator and director's signature / update to corporation

**Document #: P09000082892**

Dear Sir/ Madame,

This is to report that I, Elizabeth Palomino, original incorporator and registered agent of Sweet Healing Touch, Inc., wish to report a change in my personal signature which is registered on the following articles of incorporation:

- Article V – Incorporator (Signature change)
- Article VI – Certificate of Designation of Registered Agent (Signature change)

**New Signature:**



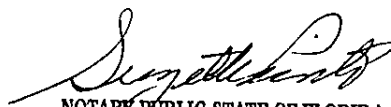
**Old Signature:**



Sincerely,



Elizabeth Palomino,  
President



NOTARY PUBLIC-STATE OF FLORIDA  
Suzette Pinto  
Commission #DD718393  
Expires: DEC. 17, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.  
PERSONALLY KNOWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Sweet Healing Touch, Inc.

**DOCUMENT NUMBER:** P09000082892

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

Please return all correspondence concerning this matter to the following:

Elizabeth Palomino

Name of Contact Person

Sweet Healing Touch, Inc.

Firm/ Company

8249 N.W. 36th Street, Suite 200

Address

Miami, FL 33166

City/ State and Zip Code

sweethealingtouch@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Palomino

Name of Contact Person

at ( 305 )

420-6710

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

Sweet Healing Touch Inc

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

P09000082892

(Document Number of Corporation (if known))

FILED

10 NOV 24 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**)

8249 N.W. 36th Street

Suite 200

Miami, FL 33166

**C. Enter new mailing address, if applicable:**

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

P.O. Box 260413

Miami, FL 33126

**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:

(same / no change)

New Registered Office Address:

8249 N.W. 36th Street, Suite 200

(Florida street address)

Miami

(City)

Florida 33166

(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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <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)*

Please update only the address to the following articles of incorporation:

Article II (office address), Article IV (initial agent address),

Article V (incorporator address), Article VI (director's address).

The new address in all cases should display exactly as follows:

8249 N.W. 36th Street, Suite 200, Miami, FL 33166

(Address change request only)

**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)*

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*(Attach additional sheets, if necessary)*

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |

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

This is to report that I, Elizabeth Palomino, original incorporator, director, and registered agent of Sweet Healing Touch, Inc., wish to report a change in my personal signature which is registered on the following articles of incorporation:

**Article V (personal signature change), Article VI (personal signature change)**

(Report of incorporator, director, registered agent personal signature change/update)

(please see attached notarized letter)

**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)

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The date of each amendment(s) adoption: November 17, 2010

Effective date if applicable: November 17, 2010  
(date of adoption is required)  
(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 November 17th 2010

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)

Elizabeth Palomino

(Typed or printed name of person signing)

President

(Title of person signing)