

3/1/2014

Division of Corporations

P09000090180

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : I201100000067
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Fax Number : (786) 558-4546

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 MAR -3 AM 9:26

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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HEALING AT HAND, INC.**

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 4 2014

EXAMINER

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

HEALING AT HAND, INC.

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

P09000090180

(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**)

C. Enter new mailing address, if applicable:

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

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

ROBAINA, REINA

7303 W FLAGLER ST

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida

33144

(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)

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	ROBAINA, REINA	7303 W FLAGLER ST. MIAMI, FL 33144
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	VP	TORRES, TANIA	7303 W FLAGLER ST. MIAMI, FL 33144
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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The date of each amendment(s) adoption: 03/01/2014 SECRETARY OF STATE, if other than the
date this document was signed. TALLAHASSEE, FLORIDA

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 03/01/2014

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)

TANIA TORRES

(Typed or printed name of person signing)

VP

(Title of person signing)