Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Corporations		.
	Fax Number	- -	m (c)
From:	•		JAN LAH!
	Account Name	: LAZARUS CORPORATE FILING : 120000000019	44.
	Phone	: (305)552-5973	mc m
	Fax Number	: (305)675-5944	11
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**Enter the	email address fo	or this business entity to b	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNSHINE HEALTH & WELLNESS CENTER INC

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January 22, 2016

FLORIDA DEPARTMENT OF STATE

SUNSHINE HEALTH & WELLNESS CENTER INC 3970 WEST FLAGLER STREET

SUITE 102

MIAMI, FL 33134

SUBJECT: SUNSHINE HEALTH & WELLNESS CENTER INC

REF: P10000009570

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H16000017598 Letter Number: 116A00001442

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ser.	Articles of Amendmen	it	16 JAN 22 PM L:	סכ
	to Articles of Incorporation	Nn	Second CC PM Li:	59
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Senshine	Health & Well	ness Cer	ter INCR	Ďд
Florida Document Number: _	P10000009570	- .	:	
Pursuant to the provisions of s	ection 607,1006, Florida Statutes, th	is Florida Profit C	Corporation adopts the	
following amendment(s) to its	Articles of Incorporation:	~		
Remove :- Pi	Jelyn Natalie	Cuza L	bran_	
"Add + Viole	eta Otero-as			 on 7
" New addr	ess":-8300 W	est Flag	re st Sui	ke.
258C Miam	i, Fl 33144.			
	·			
"Change lo	mpany mame	2 +0"		
Genehine	Wellness C	clinic (PACP	-
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These articles of amendment we	rc adopted on 01/11/16		•	
			;	
votes east for amendment was s	oup of voting stock. This amendment we afficient for approval.	as approved by the si	and the number	101
	10/1			
	Jeff of the contract of the co			

Violeta OToro

Printed Name and Title

New Registered Agent's Signature of changing Registered Agent.

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I apply aniliar with and accept the obligations of the position.

Significate of New Registered Agent, if changing

1