Placeuleuleu

(Ke	equestor's Name)	
(Ac	ddress)	
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10:	ty/State/Zip/Phone	40
(CI	ity/State/Zip/Prione	· #)
PICK-UP	MAIT	MAIL MAIL
(В	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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2017 SEP 21 PM 2: 12

C. GOLDEN SEP 22 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	NEW AGE CENT	ER FOR HYPNOSIS, INC	·	
DOCUMENT NUMI	P10000060060 BER:			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Ginny L. Goldman			
	 	Name of Contact Person	n	
	New Age Center For Hypnos	sis, Inc.		
	P.O. Box 6142	Firm/ Company		
	Delray Beach, FL 33482	Address		
		City/ State and Zip Cod	<u> </u>	
ginny	@newagecenterforhypnosis.c	•		
	E-mail address: (to be us	sed for future annual report	notification)	
or further information	n concerning this matter, pleas	se call:		
Ginny L. Goldman		561 at (613-6224	
Name o	of Contact Person	Area Code & Daytime Telephone Nun		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
	ling Address		Address	
	ndment Section	Amendment Section		
	sion of Corporations	Division of Corporations		
	Box 6327 abassee FL 32314		Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NEW AGE CENTER FOR HYPNOSIS, INC.

FILEU

	of Corporation as curren	tly filed with the Florida Dept. o	of State) SEF ZI FR Z-12
10000060060			. ',
-	(Document Number	of Corporation (if known)	Million Ann Le Florid.
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adop	ots the following amendment(s)
If amending name, enter the new na	ama of the asymptotical		
if amending name, enter the new na	me of the corporation:		
			The new
me must be distinguishable and con lorp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	ation "Corp," "Inc." or	"Co". A professional corporation	sted" or the abbreviation on name must contain the
Enter new principal office address, if applicable:		212 Coral Trace Ct.	
rincipal office address MUST BE A S		Defray Beach, FL 33445	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 6142	
		Delray Beach, FL 33482	
If amending the registered agent an	ıd/or registered office add	dress in Florida, enter the name	of the
new registered agent and/or the new			
-			
Name of New Registered Agent	212 Coral Trace Ct.		
-		treet address)	
Name of New Registered Agent		treet address)	33445
-	(Florida si	·	33445 Torida(Zip Code)

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add			-	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6)Change		_		
Add				
Remove				

Attach addition	r adding additional Ar nal sheets. if necessary)	. (Be specific)			
<u> </u>			· · · · · ·		
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	- -				
					
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f an amendme	ent provides for an exc	:hange, reclassifi	cation, or cancella	ation of issued sha	ires.
provisions for	<u>r implementing the am</u>	endment <u>if not c</u>	ontained in the ar	nendment itself:	
(у погарр	plicable, indicate N/A)				
					
_					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	tember 15, 2017	
Effective date if applicable:	CHICE 17, 2017	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this t document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
☐ The amendment(s) was/were approvided for	proved by the shareholders through voting groups. The following statement 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	N.	
-	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
September	15, 2017	
	my G. Soldman	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Ginny L. Goldman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<u> </u>