Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000181352 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. A STATE OF THE CONTROL OF THE CONTRO

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number

: (305)444-4977

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MIAMI WELLNESS CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

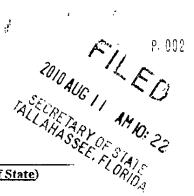
Electronic Filing Menu

Corporate Filing Menu

Help

AUG-11-2012 SAT 05:40 AM

Articles of Amendment to Articles of Incorporation of



MIAMI WELLNESS CENTER, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P1000063216

(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:

PAINLESS THE				The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "profi	designation "Co	rp, " "Inc, " or "C	o". A professiona	
B. <u>Enter new principal office address, if appli</u> Principal office address <u>MUST BE A STREET</u>				
C. Enter new malling address, if applicable: (Malling address <u>MAY BE A POST OFFIC</u>	<i>E BOX</i>)			<u> </u>
D. If amending the registered agent and/or re new registered agent and/or the new regist			a, enter the name o	of the
Name of New Registered Agent:				
New Registered Office Address:	(Florid	a street address)		
. -	(City)		, Florida, <i>(Zip Code)</i>	
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag			t the obligations of	the position.
Siz	znature of New H	egistered Agent, l	f changing	

5 Sec. 3

	ditional sheets, if necessary)	•	
<u>Title</u>	Name	Address	Type of Actio
			☐ Add ☐ Remove
			D Vqq
a 7 <i>e</i>	**		
	iding or adding additional Articl additional sheets, if necessary).		
	•		•

,			
, ,			
provision	nendment provides for an excha		ion of issued shares,
provision	nendment provides for an excha ons for implementing the amend	inge, reclassification, or cancellat	ion of issued shares,
provisio	nendment provides for an excha ons for implementing the amend	inge, reclassification, or cancellat	ion of issued shares,
provisio	nendment provides for an excha ons for implementing the amend	inge, reclassification, or cancellat	ion of issued shares,
provisio	nendment provides for an excha ons for implementing the amend	inge, reclassification, or cancellat	ion of issued shares,

The date of each amendment(s) adoption: AUG. 07, 2010
(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/were adopted by the shareholders. The number of votes east 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**
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 AUG. 07, 2010
Signature Alexander
(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)
CASTELLANOS, ILIANA
(Typed or printed name of person signing)
P/D
(Title of person signing)