

PH00004601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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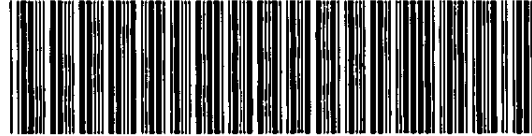
(Business Entity Name)

(Document Number)

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Nc

APR 29 2016  
R. WHITE

FILED  
16 APR 28 PM 12:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 26, 2016

HARRY E HARP  
5870 OAK HOLLOW LN  
OVIEDO, FL 32765

SUBJECT: BOTANICAL HEALTH, INC.  
Ref. Number: P11000044601

We have received your document for BOTANICAL HEALTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L13000133888.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White  
Regulatory Specialist II

Letter Number: 016A00008646

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Botanical Health, Inc.

**DOCUMENT NUMBER:** P11000044601

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

Please return all correspondence concerning this matter to the following:

Harry E. Harp

Name of Contact Person

U.S. Phytotherapy, Inc.

Firm/ Company

5870 Oak Hollow Lane

Address

Oviedo, Florida 32765

City/ State and Zip Code

eharp@usphytotherapy.com

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

For further information concerning this matter, please call:

Harry E. Harp

Name of Contact Person

at ( 407 )

719-0386

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

FILED

16 APR 28 PM 12:53

Botanical Health, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

P11000044601

(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:**

U.S. Phytotherapy, Inc.

*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**)

5870 Oak Hollow Lane

Oviedo, Florida 32765

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

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

5870 Oak Hollow Lane

Oviedo, Florida 32765

**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

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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:

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change	<u>P</u>	<u>Rosen, Bob</u>	<u>5870 Oak Hollow Lane</u>
<u>      </u> Add			<u>Oviedo, Florida 32765</u>
<u>      </u> Remove			
2) <u>X</u> Change	<u>V</u>	<u>Gain, James</u>	<u>5870 Oak Hollow Lane</u>
<u>      </u> Add			<u>Oviedo, Florida 32765</u>
<u>      </u> Remove			
3) <u>X</u> Change	<u>S, T</u>	<u>Harp, Harry E.</u>	<u>5870 Oak Hollow Lane</u>
<u>      </u> Add			<u>Oviedo, Florida 32765</u>
<u>      </u> Remove			
4) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

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

[illegible]

**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)

[illegible]

April 20, 2016

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

April 20, 2016

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 4/20/2016

Signature

Harry E. Harp  
(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)

Harry E. Harp

(Typed or printed name of person signing)

Secretary / Treasurer

(Title of person signing)

## U.S. PHYTOTHERAPY, INC.

5870 OAK HOLLOW LANE, OVIEDO, FL 32765  
TELEPHONE: (407) 719-0386  
FAX: (407) 273-8646



WWW.USPHYTOTHERAPY.COM  
EMAIL: INFO@USPHYTOTHERAPY.COM

April 28, 2016

Delivered via facsimile: (850) 245-6897

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

The purpose of this letter is to confirm to the Division of Corporations that I own both of the following Florida business entities: Botanical Health, Inc. and U.S. Phytotherapy, Inc. and that I am authorizing the name to be changed from Botanical Health, Inc. to U.S. Phytotherapy, Inc. as of this date.

Sincerely,

A handwritten signature in cursive script, appearing to read "Harry E. Harp", is written over the typed name.

Harry E. Harp  
Shareholder