P11000059445

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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Amenda

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Successful	Weight Loss Ce	enter Inc
	BER: P1100005946		······································
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Mary Jo Cohen		
		Name of Contact Persor	1
	Successful Weigh	nt Loss Center Ir	nc
		Firm/ Company	
	10887 N Military	Trail, Suite 7	
		Address	
	Palm Beach Gard	dens, FL 33410	
		City/ State and Zip Code	2
6110	cessfulwlc@aol.c	om	
	_	sed for future annual report	notification)
	is man address. (to be as	sed for fatare annual report	iii.
For further information	n concerning this matter, pleas	se call:	
Mary Jo Coh	en	at (561	249-3770
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
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
Amendment Section Division of Corporations		Amendment Section Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314			xecutive Center Circle
		Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation of

TO SEP -
12 SEP -4 PH
3/

Successful Weight Loss Center Inc	Florida Dept. of State)
(Name of Corporation as currently filed with the	Florida Dept. of State)
P11000059465	
(Document Number of Corporation ((if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10887 N Military Trail
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 7
	Palm Beach Gardens, FL 33410
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10887 N Military Trail
	Suite 7
	Palm Beach Gardens, FL 33410
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N/A	
	ry Trail, Suite 7
	treet address)
New Registered Office Address: Palm Beach Ga	ardens , Florida 33410
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: r with and accept the obligations of the position.
Signature of New Registered	l 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 <math>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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	S	Julia Jacobsen	101 Habitat Court
Add			Royal Palm Beach
X Remove			Florida, 33411
2) Change	V	Lee H Rozin	389 River Edge Road
X Add			Jupiter FL 33477
Remove			
3) Change	S	Norma Jean Winkler	1009 Crook Street
X			Grafton OH 44044
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			To general the state of the sta
Add			
Remove			

E. <u>If amending or adding additional Articl</u>	es, enter change(s) here:
(Attach additional sheets, if necessary). N/A	(Be specific)
	
F. If an amendment provides for an excha	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	iment it not contained in the amendment itself.
IN/A	

The date of each amendment(s) adoption: August 31, 2012	
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 was/were suffice.	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement ch 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)
	(voling group)
☐ The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder
Dated August 3	
Signature	any Josephen
	ctor, president or other officer - if directors or officers have not been
	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
арроппеч	reduciary by that reduciary,
N	lary Jo Cohen
	(Typed or printed name of person signing)
P	resident
-	(Title of person signing)