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Christian Christian

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Healing the Nations Name of Corporation
DOCUMENT NUMBER: P10000 75400
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Adam Tice Name of Contact Person
Name of Contact Person
Firm/Company
13045 SW 685T APT 1/0 Address
Miami F1 33183 City/State and Zip Code
City/State and Zip Code Healingthenation (Gemail, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Ticr at (786) 493 - 5/10 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

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

Healing the Nat		<u>пе гюгіаа дері.</u>	<u>01 state</u>) β110 000 7	CUAA
(Document Numb	ber of Corporati	on (if known)	1-110000 1	5 1°°
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statute	es, this <i>Florida P</i>	rofit Corporatio	on adopts the following
A. If amending name, enter the new name of	the corporation	<u>ı:</u>		
•				The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professions"	designation "Co essional associa	orp," "Inc," or "C	Co". A professi	porand or the ional corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				7
	,			FLOOR TO
)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	13045 3	SW 68 5T	Apt 110
	. 1	miami Pl	33183	
D. If amending the registered agent and/or renew registered agent and/or the new registered.			a, enter the nan	ne of the
Name of New Registered Agent:				
•				
New Registered Office Address:	(Floric	la street address)		
			Florido	
_	(City)		, Florida_ (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			ot the obligation:	s of the position.
Sig	nature of New 1	Registered Agent,	if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being gemoved and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary) **Title** Name Address **Type of Action** BOYS. SW LE ST ☐ Add Api IIC miami Fl Remove 13045 SW 68 ST APTILO DY Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption: / O /
Effective date if applicable: (date of adoption is required) (no more than 90 days after amendment file date)
(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 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.
Signature Adam Officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court
Signature Adam True
(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)
· Adam Tice
(Typed or printed name of person signing)
Ceo
(Title of person signing)