## P120000722-6

(Rec	uestor's Name)	
(Add	ress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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03/09/12-01023-012

12 May -9 MM 8: 56 STORE DARY OF STORE

ANO.



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	TION: Southeas	t Wellness Cer 220	nter, Inc.
The enclosed Articles of	Amendment and fee are st	bnitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
L	acy Loar		
F	R/A for Southe	Name of Contact Person ast Wellness C	
2	060 Dartmout	Firm/ Company h Ave. N.	
S	aint Petersbu	Address rg, FL 33713	
		City/ State and Zip Code	e
lacy	catpaw@aol.c		
For further information of	e-man address; (to be us	ed for future annual report	notification)
Lacy Loar	meening ins mater, pieas		798-9812
Name of C	Contact Person	Area Co	798-9812 de & Daytime Telephone Number
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	artment of State:
S35 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)
Amendi Division P.O. Bo	Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment fo Articles of Incorporation of

Southeast Wellness Cente	er, Inc.			
(Name of Corporation as current	tly filed with the Flo	rida Dept. of State)		
P12000007220				
(Document Numbe	er of Corporation (if l	known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation ac	lopts the following	t amendment(s) to
A. If amending name, enter the new name of th	ne corporation:			
N/A				The new
name must be distinguishable and comain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, " "Inc," or "Co	o". A professional corpora	rated" or the ab tion name must c	breviation ontain the
B. Enter new principal office address, if application (Principal office address MUST BE A STREET.)				
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )			
			***************************************	
D. If amending the registered agent and/or regi	istered office addres	s in Florida, enter the nam	e of the	
new registered agent and/or the new register	red office address:			
Name of New Registered Agent				
***************************************	(Florida street	address)		
New Registered Office Address:	(City)	Florida_		
	(City)	<del>-</del>	(Zip Code)	
New Registered Agent's Signature, if changing l	Registered Agent:			
I hereby accept the appointment as registered agen		h and accept the obligations	of the position.	
	CAL			
Signature of	f New Registered Age	nt, 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; I = 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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	VP	Dr. Marjorie D. Robinson	4706 N State Road 7 Lauderdale Lakes, FL 33319, US
2) Change Add	<u>D</u>	Manuel E. Iglesias	4706 N State Road 7 Lauderdale Lakes, FL
X Remove  3 ) X Change Add Remove	P,D	Mohsin A. Naeem	33319, US  11953 NW 55th St.  Coral Springs, FL  33076, US
4) Change Add Remove	<u>s, d</u>	Muzaffar I Choudhry	11479 Blue Violet Lane Royal Palm Beach, FL 33411 US
5) Change Add Remove	VP. D	Louis A. Biasi	4706 N. State Road 7, Unit F 103 Lauderdale Lakes, FL 33319 US
0) Change Add Remove		arvina (100 and 100 an	

(	If amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary i. (Be specific)
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_	
_	
_	
<u>1</u>	f 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: March 8, 2012		
Effective date if applicable:		
	tno more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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 i	for the amendment(s) was/were sufficient for approval	
by		
	(votting group)	
☐ The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated Ma	rch 8, 2012	
Signature		
(By a di	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	
	Louis A. Biasi	
	(Typed or printed name of person signing)	
	Vice President, Director	
	(Title of person signing)	