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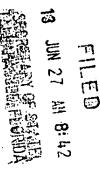
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Certified Copies	Certificates o	of Status
Special Instructions to	o Filing Officer:	
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Office Use Only



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JUL -1 2013 R. WHITE



June 12, 2013

LANDRY FRANCOIS GENESIS SCHOOL OF HEALTH SCIENCES INC 6519 SW 20TH STREET MIRAMAR, FL 33023 US

SUBJECT: GENESIS SCHOOL OF HEALTH SCIENES, INC.

Ref. Number: P12000094933

We have received your document for GENESIS SCHOOL OF HEALTH SCIENES, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 213A00014748





June 12, 2013

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Rebekah White Regulatory Specialist

Letter Number: 213A00014748

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Genesis School	Of Health Sciences, Inc.
DOCUMENT NUMBER: P12000094	
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Landry Francois Name of Contact Person	
Genesis School Of Health Sc	ciences, Inc.
6519 SW 20th Street,	
Miramar, FI 33023	<u>. </u>
LandryF65@aol.com E-mail address: (to be used for future annual re	nort notification)
For further information concerning this ma	
Landry Francois	at (954) 668-3006
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int:
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status
□ \$43.75 Filing Fee & Certified Copy	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy
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

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPORATION: GENESIS SCHOOL OF HEALTH SCIENCES, IN
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LANDRY FRANÇOIS Name of Contact Person
GENESIS SCHOOL OF HEALTH SCIENCES, INC
6519 SW 20th Street
MIRAMAR FL 33023 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LANDRY FRANCOIS at (954) 668 - 3006 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

13 JUN 27 AM 8: 42

GENESI'S SCHOOL OF HEALTH	SGENES STATES OF STATES
(Name of Corporation as currently filed with the Flor	rida Dept. of State)
P 120000 94933 (Document Number of Corporation (if k	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
GENESIS SCHOOL OF HEALTH name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<i>N/A</i>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
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	s in Florida, enter the name of the
(Florida street	
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 Signature of New Registered Age	

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.

Example:

X Change	PT John	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	NA		
Add	•		
Remove			
2) Change	N/A		
Add	•		
Remove	. /		
3) Change	A/A		
Add	•		
Remove			
4) Change	N/A		
Add	/ /		
Remove			
5) Change	NA		
Add	/		
Remove			
6) Change	N/A		
Add	1/		
Remove			

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 pot applicable, indicate N/A)	ed shares, self:
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provisions for implementing the amendment if not contained in the amendment itself:	self:
(if not applicable, indicate N/A)	
	<u> </u>

The date of each amendment(s) adoption: 06/22/20/3		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved 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	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required. The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	/22/2013	
selecte	lirector president of other officer – if directors or officers have not been d, by an incorporator if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	