# P13000004773

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#### **COVER LETTER**

**Division of Corporations** NAME OF CORPORATION: Holly wood Health Center For Longevity Fix <u>P1300000477a</u> **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company 210 South Federal Hwy #300.
Address Holly wood, FL 33020 - City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 504-8874 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 & **△\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

### **Mailing Address**

TO: Amendment Section

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

is enclosed)

## Articles of Amendment to Articles of Incorporation of

Description		(ME)	E T C A	D
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Hollywood Healt Name of Corporate P1300000 4-7	th Center	For	LOYELAN'T	5 PM 3: 35
(Name of Corporat	tion as currently fil	ed with th	e Florida Dept. of	State) STATE
P130000047	772		SECRETA TALLAHA	SSEE. FLORIDA
(Document)	ment Number of Co	rporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Floi</i>	rida Profit	Corporation adop	ts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:			
				Tr. I
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co"	'. A profes		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO				
D. If amending the registered agent and/or registered new registered agent and/or the new registered		<u>in Florida.</u>	enter the name o	of the
Name of New Registered Agent				<u></u>
	(Florida street a	iddress)		
New Registered Office Address:			មា	orida
iver negisierea Office nuaress.	(Cit)	v)		(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		and accept	the obligations of	the position.
Sign	nature of New Regis	tered Agen	t, if changing	<del></del>

# 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.

X Change	PT John D	doe_	
X Remove	V Mike J	<u>ones</u>	
X Add	SV Sally S	<u>mith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	Gabe Nichols	2650 Greenwood ten
Add			Apt GILY BOLA RATON, FL 3343,
Remove			BOCA RATON, FL 3343
2) Change		<del></del>	
Add			
Remove			
3) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(tj not applicable, malcule 147A)	

The date of each amendment(s) adoption: $\frac{12}{13}$ / 15, if other than the
date this document was signed.
Effective date if applicable: 12/23/15  (no more than 90 days after amendment file date)
(no more than 90 days after amenament 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 /2/23/15
Signature
(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)
Kristins M Mecoli
(Typed or printed name of person signing)
President
(Title of person signing)