P13600010151

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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02/22/17--01003--003 **55.00



2/23/

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: \\ \QSS	age Health & Wellness Inc
DOCUMENT NUMBER: P13000	0010151
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this man	atter to the following:
E	Name of Contact Person
	Firm/ Company
175	Toney Penna Drive # 204
	Jupiter FL 33458 City/ State and Zip Code
	6 massage team fl. com used for future annual report notification)
For further information concerning this matter, plea	ase call:
Elizabeth Janik Name of Contact Person	at (561) 312-6336 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	• •
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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		
Massage	Health & We	Unes Inc	
		h the Florida Dept. of State)	
P130	06010151		
	nent Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this <i>Florida Pr</i>	ofit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the co	orporation:		
Massage Jupiter	Inc.		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	rd "corporation," "comp o," "Inc," or "Co". A pi	oany," or "incorporated" or the a rofessional corporation name must	hhreviation
B. Enter new principal office address, if applicable	e <u>:</u>	<u></u>	
(Principal office address MUST BE A STREET ADD	DRESS)	مين مرية	T 33
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC) D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Floi	rida, enter the name of the	CED TED
Name of New Registered Agent			_
	(Florida street address)		_
New Registered Office Address:		, Florida	
	(Ciŋ)	(Zip	Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with and ac		_
Sigr	ature of New Registered A	igent, 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 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 Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
A) CI			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	3 W			
f an amendment provides for an exchang provisions for implementing the amendr	e, reclassification, o	cancellation	of issued shar- ment itself:	es,
(if not applicable, indicate N/A)				
				•
				<u></u>
				·

The date of each amendment(s) adoption: 2920 attention document was signed.	, if other than the
Effective date <u>if applicable</u> :	90 days after amendment file date)
·	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. T by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/w	vere sufficient for approval
by(voting group)	.,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directo action was not required.	rs without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators w action was not required.	ithout shareholder action and shareholder
Dated 2917	
Signature	Ganl
	ficer – if directors or officers have not been the hands of a receiver, trustee, or other court (y)
Elizaber	th Janik
**	d name of person signing)
Pas	sident

(Title of person signing)