

P13 000075206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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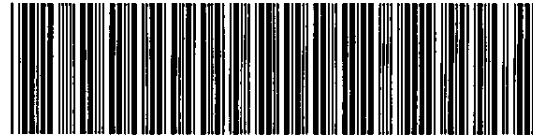
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Advanced Health & Pulmonary Services, Inc
DOCUMENT NUMBER: P13000075206

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FELVINA RENNA
Name of Contact Person
Advanced Health & Pulmonary Services, Inc
Firm/ Company
6638 Central Avenue
Address
St. Petersburg, Florida 33707
City/State and Zip Code
therapisttoyona@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

FELVINA RENNA at (561) 632-0926
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 | ☐ \$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) |
|---|--|---|--|

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

Advanced Health & Pulmonary Services, Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

P13000075206

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Advanced Therapy & Wellness Center INC.
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

9100 Belvedere Rd, Suite 109
West Palm Beach, FL 33411

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9100 Belvedere Rd, Suite 109
West Palm Beach, FL 33411

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent FELVINA RENNA

152 Bellerza Terrace
(Florida street address)

New Registered Office Address: Royal Palm Beach, Florida 33411
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Felvin Renna
Signature of New Registered Agent, 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 V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|-----------------------|---|
| 1) ☐ Change
☐ Add
☒ Remove | <u>RA</u> | <u>Clive McIntosh</u> | <u>6638 Central Avenue</u>
<u>St. Petersburg, FL 33707</u> |
| 2) ☐ Change
☒ Add
☐ Remove | <u>D</u> | <u>David Palero</u> | <u>9100 Belvedere Rd, Suite 109</u>
<u>West Palm Bch, FL 33411</u> |
| 3) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |
| 4) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |
| 5) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |
| 6) ☐ Change
☐ Add
☐ Remove | _____ | _____ | _____

_____ |

[illegible]

The date of each amendment(s) adoption: Jan 20, 2014, if other than the date this document was signed.

Effective date if applicable: Jan 21, 2014
(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.

Dated Jan 20, 2014

Signature

Felvin Renner
(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)

FELVINA RENNA

(Typed or printed name of person signing)

OWNER / PRESIDENT

(Title of person signing)