## P130000789990

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SECIMIARY OF STATE ALLAHASSEE, FLORID

100/2/15

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	Nutrition &	Health Inc	
DOCUMENT NUME	BER: P1300007899	0	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Jaime Rey		
		Name of Contact Person	n
	050011 1 5	Firm/ Company	
	2539 Hunters Ru		
	Weston, FL, 3332	Address	
•		City/ State and Zip Cod	e
jain	nerey50@gmail.c	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Jaime Rey		at ( 954	, 802 1348
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divi: P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation

ticles of Incorpor of

FILED.

Nutrition & Health Inc				
(Name of Corporation as	currently filed with the I	Florida Dept. of State)	2015 JAN 2 I	PM 3: 33
P13000078990			SEURL BARY C	F STATE
(Documen	t Number of Corporation (	if known)	TALLAHASSEE	FLORIDA
Pursuant to the provisions of section 607. ats Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following	्र ng amendment(s)
A. If amending name, enter the new na	me of the corporation:			
N/A				The way
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or '	'Co". A professional cor		
B. Enter new principal office address, if applicable:		2539 Hunters	s Run Way	
(Principal office address <u>MUST BE A S</u>		Weston, FL, 33327		_
				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2539 Hunters	Run Way	
		Weston, FL,	33327	_
				<del>-</del>
D. If amending the registered agent and new registered agent and/or the new			name of the	
Name of New Registered Agent	Jaime Rey			
	2539 Hunters Run V	Vay, Weston FL, 333	327	
	(Florida str	reet address)		
New Registered Office Address:	2539 Hunters Run Way Florida 33327		<sub>rida</sub> 33327	
	(City)		(Zip Code)	-
New Registered Agent's Signature, if ch			atom of the second	
hereby accept the appointment as registe Jaime F	Rev Digitally DN cn=.	WHN ANA ACCEPTINE ODING A signed by Jaime Rey Jaime Rey, o, ou emailinjaimerey50@gmail.com 15 01.14 15 56 38 -0500°	-	

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	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Giovana M Rey	1894 Silverbell Terrace
Add			Weston, FL, 33327
Remove			
2) Change	PT	Jaime Rey	2539 Hunters Run Way
<b>✓</b> ∧dd			Weston, FL, 33327
Remove			
3) Change			
∧dd			
Remove			
4) Change	***		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)  N/A	
N/A	
F. 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 not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment	(s) adoption: 01/14/2015	, if other than the
date this document was signed		<del>_</del> ,
Effective date if applicable:	01/14/2015	
Enecuve date is apprecion.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_01/1	14/2015	
 Signature	Giovana Rey	_ <del>_</del>
(É so	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	Giovana M. Rey	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del></del>