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Office Use Only



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13 DEC 23 PH 2: 34
SECRETARY OF STATE
IALLAHASSET FLOWOU

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d. Lewis

COVER LETTER

TO: Amendment Section

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r Supplements Inc.		
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submitted for filing.		
natter to the following:		
q.		
Name of Contact Person		
Firm/ Company th Suite 302A		
Address 02		
City/ State and Zip Code	2	
used for future annual report	notification)	
	,	
ease call:		
239	963-6043	
	de & Daytime Telephone Number	
e payable to the Florida Depa	artment of State:	
\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Street	Address	
Amend	lment Section	
	on of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circ		
- s 1 c - t -)	Name of Contact Person TES PA Firm/ Company th Suite 302A Address City/ State and Zip Code used for future annual report ase call: 239 at (Area Co e payable to the Florida Depa E\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Divisio Clifton	

Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

13 DEC 23 PH 2: 34

BABY BOOSTER SUPPLEMENTS INC.

SECRETARY OF STATE

- · · · · · · · · · · · · · · · · · · ·			TAHASSEE FI	DRIDA
(Name of Corporation as currently	filed with the Flor	ida Dept. of State)		
P13000088715				
(Document Number	of Corporation (if ki	nown)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Fla	orida Profit Corporation a	adopts the following	; amendment(s)
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	orp," "Inc," or "Co	". A professional corpor		breviation
3. Enter new principal office address, if applicat	ble:			
Principal office address <u>MUST BE A STREET AI</u>	DDRESS)			
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	<u>30X</u>)	<u></u>		
D. If amending the registered agent and/or regis		s in Florida, enter the na	me of the	
new registered agent and/or the new registere	ed office address:			
Name of New Registered Agent			_	
	(Florida street	address)		
New Registered Office Address:		, Florid	а	
The Megaster of Office That read.	(City)	, 110110	(Zip Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		h and accent the oblication	ne of the position	
петсоу ассері іне арронитені из гезімегей адені	i. i am jamiliat wii	н ини иссері іне оондано	nts of the postition.	
	(A) B		_	
Signature of	New Registered Age	ent, 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	The Felton-Sullivan Trust	6664 Huntley Lane North
Add			Naples, Florida 34104
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o Charac			
6) Change			
Add			

	dding additional Articles, en sheets, if necessary). (Be s			
				•
				,
				
	t provides for an exchange,	reclassification, or can	cellation of issued share	es,
If an amendmen		<u>it if not contained in th</u>	e amendment itself:	
provisions for i	mplementing the amendmen			
provisions for i	cable, indicate N/A))		
provisions for i	mplementing the amendment cable, indicate N/A) Tes issued: 100,000.00)		
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provisions for i	cable, indicate N/A)			
provisions for i	cable, indicate N/A)			

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The date of each amendment(s) a	December 20th, 2013 	, if other than the
date this document was signed. Effective date if applicable:	SECRETARY OF STATE	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	ber 20th, 2013	
Signature	James & Felson	
selegi	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	JAMES S. FELTON	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	