P14000012172

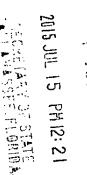
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JUL 17 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations ACS Wollness Group INC NAME OF CORPORATION: TH000012172 DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Judy Belcher
Name of Contact Person Wellness Group Two.
Firm/ Company 326 W. OAK Street E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 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

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to Articles of Incorporation of

	oi ♪
(Name of Corporation as currer	ntly filed with the Florida Dept. of State)
T14000019	1172
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<i>Nf</i> A	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	The new inguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation r Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the "professional association," or the abbreviation "P.A." Incipal office address, if applicable: Indiress MUST BE A STREET ADDRESS) Indiress MUST BE A POST OFFICE BOX P.A. Indiress MUST BE A STREET ADDRESS Indiress
B. Enter new principal office address, if applicable:	
(Trumpu office dadress <u>WOST DE A STREET ADDRESS</u>)	
); i.e.,
C. Enter new mailing address, if applicable:	#1/n
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	98 2: 2: C
D. If amending the registered agent and/or registered office ad	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addre	
Name of New Registered Agent Beth Burne	At
326 W. DA	K Street
(Florida	street address)
New Registered Office Address: Kissimmee	FL Florida 34741
HOW RESISTER Office Nauress.	· · · · · · · · · · · · · · · · · · ·
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
Byt Bu	nett
Signature of New	w 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 <math>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> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1)Change	V Linda J. Nozar	
Add		Kissimmee, FL. 34741
X Remove		
2) Change	V Beth Burnett	326.W. OAK Street
_XAdd		Kissimmer, FL 3474
Remove		
3) Change	D Rahila Boshir LMI	
Add		Kissimmee FL 3474
Remove		
4) Change	N/A	
Add		
Remove		
5) Change	N/A	
Add		
Remove	N/A	
6) Change		
Add		
Remove		

The state of the s	ie di di di
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	er amendment file date)
(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient	
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without staction was not required.	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sharel action was not required.	holder action and shareholder
Dated 7/6/15 Signature And Belcher	
Signature By a director president or other officer – if dir	
selected, by an incorporator – if in the hands of	
appointed fiduciary by that fiduciary)	a receiver, trustee, or other court
Tudy Belcher (Typed or printed name of p	ercon cigning)
	orgon signing)
tresident	
(Title of person	signing)

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
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)	
AT 19	
N/A	