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JUN 1 6 2014 C. CARROTHERS

COVER LETTER

Division of Corporations			
NAME OF CORPORATION: Science Based wellnessinc, DOCUMENT NUMBER: P 140000 13089			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Or. Steven Nickels Name of Contact Person Science Based Wellness Firm/Company 450-106 SR13 Syite N148 Address St Johns Fl. 32259 City/State and Zip Code Science Based wellness & Smail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Soe Foster at (904) Sb8-305/ 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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status (Additional Copy is enclosed)			

Mailing Address

TO: Amendment Section

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

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	Arucies of incorporation		
Science Ba	of 11/0///	- 似似 100	J. P.M. 24
	ntly filed with the Florida Dept. of S	State) TOOM	20191
0 1110000	13089	TALLAINS.	and the same
(Document Numb	ber of Corporation (if known)		_
·	• • •		
rsuant to the provisions of section 607.1006, F Articles of Incorporation:	Florida Statutes, this Florida Profit Co	prporation adopts the following	ng amendmen
If amending name, enter the new name of	the corporation:		
			_The new
me must be distinguishable and contain the Torp.," "Inc.," or Co.," or the designation " rd "chartered," "professional association," o	'Corp," "Inc," or "Co". A profession	or incorporated or the conal corporation name must	contain the
Enter new principal office address, if appli rincipal office address <u>MUST BE A STREET</u>			_
			
Enter new mailing address, if applicable:	,		
(Mailing address MAY BE A POST OFFIC	E BOX)		
			_
	<u> </u>		_
If amending the registered agent and/or re new registered agent and/or the new regist		nter the name of the	
_	•		
Name of New Registered Agent	i de la companya de l	······································	
	(Florida street address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		. Florida	
	(City)	(Zip Code)	
w Registered Agent's Signature, if changing ereby accept the appointment as registered ag	Registered Agent: ent. I am familiar with and accept the	e abligations of the position	
,	war jaaramaa man aana accept m	2 30.18 anona of the position.	
Cionatura	of New Registered Agent, if changing		
ыулашге	oj new kegistereu Agent, ij 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: <u>X</u> 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>	<u>Name</u>	Address 4544 Genna trace
1) Change	18	Joseph Fostersr.	450-106 ST.13
Add			Jak. Fl.
Remove			32257
2) Change			
Add			
Remove		•	
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
o 🗆 a			
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
	
n amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(g not appreciote, mateure 14/A)	
(y noi apprication, maicute 14/A)	
у пострыване, такие 17/1)	
у попартовоте, такие 17/1)	
у пострыване, такие 17/1)	
у погарисаоте, такие 17/1)	
у попартивоте, такие 17/1)	
у погарисаоте, такие 17/1)	
(y not appreciate, material (n/A)	

The date of each amendment(s) adoption: $\frac{740e^2}{49+29+2014}$, if other than the
date this document was signed.	, ir other than the
Effective date <u>if applicable</u> :	
(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 6-2-14 Signature	
Signature Signature	
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)	
X STEVEN M. NICKELS (Typed or printed name of person signing)	•
(Typed or printed name of person signing)	
X PRESIDENT	
(Title of person signing)	

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