

P14 000020946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

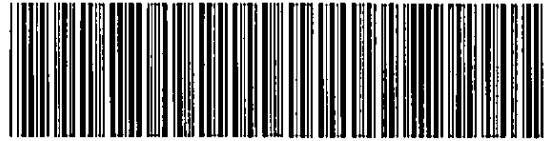
(Business Entity Name)

(Document Number)

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2022 JUL 11 PM 12:57

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Absolute Health Professionals Inc.

DOCUMENT NUMBER: P14000020946

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

Please return all correspondence concerning this matter to the following:

Suzanne Anderson
Name of Contact Person

Absolute Health Professionals Inc.
Firm/ Company

1221 Dunlawton Ave Suite 200
Address

Port: Orange FL 32127
City/ State and Zip Code

absolutehealth@gmx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Anderson at (386) 576 6507
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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Absolute Health Professionals Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

2022 JUL 11 PM 12:57

P 14000020946

(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:

The new 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**)

1221 Dunlawton Ave.
Suite 200
Port Orange, FL 32127

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

1221 Dunlawton Ave.
Suite 200
Port Orange, FL 32127

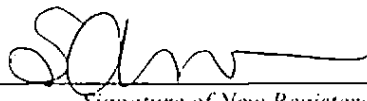
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Suzanne Anderson
1221 Dunlawton Ave Suite 200
(Florida street address)

New Registered Office Address: Port Orange, Florida 32127
(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.



Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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) <u>X</u> Change | <u>P</u> | <u>Suzanne Anderson</u> | <u>1221 Dunlawton Ave</u> |
| ___ Add | | | <u>Suite 200</u> |
| ___ Remove | | | <u>Port orange, FL 32127</u> |
| 2) <u>X</u> Change | <u>VP</u> | <u>Jennifer Anderson</u> | <u>1221 Dunlawton Ave</u> |
| ___ Add | | | <u>Suite 200</u> |
| ___ Remove | | | <u>Port Orange, FL 32127</u> |
| 3) <u>X</u> Change | <u>T</u> | <u>David Anderson</u> | <u>1221 Dunlawton Ave</u> |
| ___ Add | | | <u>Suite 200</u> |
| ___ Remove | | | <u>Port orange, FL 32127</u> |
| 4) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 5) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |
| 6) ___ Change | _____ | _____ | _____ |
| ___ Add | | | _____ |
| ___ Remove | | | _____ |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

we are changing our principal address, mailing address, registered agents address, and all of our directors and officers to 1221 Dunlawton Ave. Suite 200 Port Orange, FL 32127

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: 7/6/2022, if other than the date this document was signed.

Effective date if applicable: 7/6/2022
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

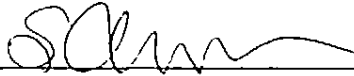
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ 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)"

Dated 7/6/2022

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)

Suzanne Anderson
(Typed or printed name of person signing)

Owner / President
(Title of person signing)