P14000083080

(Re	equestor's Name)	
, (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Document Number)		
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JUN 9 2015 CLEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Body Wrap Treatment Center Incorporated				
DOCUMENT NUM	D14000000000			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Manuel S. Zapata			
		Name of Contact Persor	1 "	
	Professional Business Service	es of Palm Beach		
		Firm/ Company		
	Post Office Box 668			
		Address		
	Palm Beach, FL 33480			
		City/ State and Zip Code	e	
man	nypbs@att,net			
		sed for future annual report	notification)	
	·	•		
For further information	on concerning this matter, pleas	se call:		
N. 10.7		5(1	((7, (202	
Manuel S. Zapata		at (<u>561</u>		
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	ertment 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)	
Ма	iling Address	Street .	<u>Address</u>	
Am	endment Section		Amendment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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(Name of Corporation as current	ly filed with the Florida Dept. of State)
P14000083080	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	107
D. 16	lusso in Elevido antou the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent N/A	
Name of New Yeggmerea Yigem	
(Florida si	reet address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
	,
	D
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 Doc	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	РТ	Donnalce V. Ingram	4047 Okeechobee Boulevard S-125
Add	•		West Palm Beach, FL 33409
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			· ·
Add			
Remove			
6) Change			
_			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
'A	
,	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the amei	
(if not applicable, indicate N/A)	
provisions for implementing the amer (if not applicable, indicate N/A)	

,	N/A
The date of each amendment(s) adopti date this document was signed.	if other than the
date this document was signed.	· 通道 app で 発剤 (A) (A) (A) (A)
Effective date if applicable:	(no more than 90 days after amendment file date) 15 JUN - 1 PH 12: 43
Note: If the date inserted in this block document's effective date on the Department.	does not meet the applicable statutory filing requirements, this date will not be listed as the ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
	e amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
May 26th, 2015 Dated	
Signature <u>Co</u>	leste hent
(By a directo	r, president or other officer - if directors or officers have not been
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
••	
Ceci	lia V. Kent
-	(Typed or printed name of person signing)
Inco	porator
	(Title of person signing)