P14000094771

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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPO	ration: Well-Box	la Consultant	's itac.	
	BER: <u> </u>)		_
	s of Amendment and fee are su	•		_
Please return all corre	espondence concerning this ma	tter to the following:		
	Ann G	ismar		Fig. F
		Name of Contact Perso	n	- Eg 8 11
	well-Being	Casultant's	Inc.	
		Firm/ Company		能量
	2078 SW Ma	4flower Driv	e	
		Address		95 2
	Palm City, F			BE OF
		City/ State and Zip Cod	e	
	anngaism	arahatmail	.com	
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Ann	Geismal	at (77)) 4gs-1112	
Name	of Contact Person	······································	de & Daytime Telephone N	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
	iling Address endment Section		Address Iment Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment

Articles of Incorporation

	ω of		
Well-Being Consultar	is the		
(Name of Corporation as curren	itly filed with the Fk	orida Dept. of State)	
P1400094771			
(Document Numb	per of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this F	llorida Profit Corporation ado	pts the following amendment(s)
A. If amending name, enter the new name of t	the corporation:		
The Well-Being To	Sam Toc.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	e word "corporation Corp," "Inc," or "C	o". A professional corporati	ated" or the abbreviation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		Alu	
(Francisco Office datas ess involve Maria of Stations	MODRESS /		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)	NA	TALLY PEC
D. If amending the registered agent and/or re-		ss in Florida, enter the name	of the
new registered agent and/or the new regist	ered office address:		DE 6
Name of New Registered Agent	NA		
	(Florida stree	et address)	
New Registered Office Address:	A/A	, Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	ent. I am familiar wi A		of the position.
ignature .	of New Registered As	eni. 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	DT	John Doo		· BC-
	<u>PT</u>	John Doe		建造 号 二
X Remove	<u>v</u>	Mike Jones		ELESSE ELECTRICATE
X Add	<u>sv</u>	Sally Smith		明星に
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	FILE W 8: 26 LOEC -4 M 8: 26 SECRETARISE OF STATE RALLAMASSEE FLORIGATION
1) Change		<u> </u>		v
Add				
Remove				
2) Change	<u> </u>			
Add				
Remove				*************************************
3) Change	•			
Add			 	··········
Remove				·
4) Change				
Add			1	
Remove				
5) Change				
Add			** • • • • • • • • • • • • • • • • • • 	
Remove			****	
6) Change	***************************************			
Add				
Remove				

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amendment provides for an exchange, reclassification, or cance	llation of issued shares
visions for implementing the amendment if not contained in the	llation of issued shares, umendment itself:
amendment provides for an exchange, reclassification, or cance visions for implementing the amendment if not contained in the a (if not applicable, indicate N/A)	llation of issued shares, unendment itself:
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visions for implementing the amendment if not contained in the s (if not applicable, indicate N/A)	llation of issued shares, umendment itself:

The date of each amendment(s) adoption:date this document was signed.	15/1/14	, if other than th
Effective date if applicable: (no more	e than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE	E)	
The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval. The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entities.	ders through voting groups. The following	statement
"The number of votes cast for the amendment(s) w	•	TE FLO
by(voting group))	
The amendment(s) was/were adopted by the board of disaction was not required. The amendment(s) was/were adopted by the incorporate action was not required.		
Signature (By a director, president or oth	her officer – if directors or officers have no	ot been
selected, by an incorporator appointed fiduciary by that fid	if in the hands of a receiver, trustee, or oth duciary)	er court
Ann (se (Typ	ped or printed name of person signing)	
presiden	H	
•	(Title of person signing)	•