P11000101784

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





700297353737

04/19/17--01021--020 **35.00

10

APR 20 2017 R. WHITE 17 APR 18 PH 2: 28

COVER LETTER

Division of Corporations EASY GREEN TOWER . COM INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Easy Green Tower Com, Inc 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 Fce & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment to

Articles of Incorporation of

17 APR 19 PH 2: 25

. .

EASYGREENTOWER. CO	om TNC.
P14000101784	ently mea with the Fioriax Dept. of State)
·····	per of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	
Synergy Health. I name must be distinguishable and dontain the word "corpor	The new
name must be distinguishable and dontain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," owner designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	/A
(Florid	la street address)
New Registered Office Address:	
	(Cily) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil.	
The state of the s	N/A
Signature of Ne	ew 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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	\underline{sv}	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Y	David S. Collom	800 Missouri Ave Palm Harbor, FL 34683
_ X _ Add			Adm Harbor, FL
Remove			34683
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change		-	
Add			
Remove			

. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	NA
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	, A
	<i>I</i>

The date of each amendment(s) adoption:	NA	, if other than the
date this document was signed.	/	
Effective date if applicable:	N/A	
(no	NH no more than190 days after amendment file date)	
Note: If the date inserted in this block does not m document's effective date on the Department of State		nis date will not be listed as the
Adoption of Amendment(s) (CHECK	K ONE)	
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		nent(s)
☐ The amendment(s) was/were approved by the shamust be separately provided for each voting grounds.	areholders through voting groups. The following stoup entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by(voting g	."	
(voting g	group)	
☐ The amendment(s) was/were adopted by the board action was not required.	rd of directors without shareholder action and share	holder
The amendment(s) was/were adopted by the incoraction was not required.	rporators without shareholder action and sharehold	er
Dated April 3,	2017	
Signature Lindo	Boch.	
(By a director, president	t or other officer - if directors or officers have not l	
	rator – if in the hands of a receiver, trustee, or other	court
appointed fiduciary by the	that riductary)	
	Linda Bock	
(Турс	ed or printed name of person signing)	
	President	
	(Title of person signing)	