P15000003370

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COVER LETTER

TO: Amendment Secti Division of Corpo				
NAME OF CORPOR	Nourishment Inc.			
DOCUMENT NUMBER: P15000003370				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	Sophai Chhocun			
•		Name of Contact Person	n	
•	Nourishment Inc.	,		
•	······································	Firm/ Company		
	3982 Bancroft Blvd			
-		Address		
_	Orlando, FL 32833			
		City/ State and Zip Cod	e	
suppo	rt@renourishment.net			
		sed for future annual report	notification)	_
For further information	concerning this matter, please	se call:		
Sophai Chhoeun		208 at (5695937	
Name o	f Contact Person	Area Co	de & Daytime Telephone Nu	ımber
Enclosed is a check for	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)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Malling Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assec, FL 32301	

Articles of Amendment to Articles of Incorporation of

Nourishment Inc.			9	3	Ť
(<u>Nama</u> P15000003370	of Corporation as current	y filed with the Florida Dept. of State)	24 E	5	W
	(Document Number o	f Corporation (if known)	# 1767. 1876	- *	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	llowingan	iendmei	pet(s) to
A. If amending name, enter the new n	ame of the corporation:				
			The	e new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "	Co". A professional corporation name			
R Enter new principal office address	16877 East Colonial Drive #108				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Orlando, FL 32820			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		16877 East Colonial Drive #108			
	<u></u> ,	Orlando, FL 32820			
			·*···		
D. If amending the registered agent ar new registered agent and/or the ne					
Name of New Registered Agent	Sophal Chhoeun	•			
Ivanie or Ivew negistered Agent	16877 East Colonial Drive	#108			
	(Florida str	eet address)			
New Registered Office Address:	Orlando	Florida 37	2820		
		(City)	(Zip Code))	
New Registered Agent's Signature, if c I hereby accept the appointment as regis	hanging Registered Agent:	· ·		1	
	Signature of New P	egistered 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 Do	<u>ne</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Áddres</u> s
l) X Change	P		Sophal Chhoeun	16877 East Colonial Drive #108
Add	-		-	Orlando, FL 32820
Remove				
2) Change				
Add				
Remove				
3) Change		-		
Add				
Remove	•			
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add	····			
Remove				

E. If amending or adding add (Attach additional sheets, if	itional Articles, enter	change(s) here:		
N/A				
N / /\				
	-			
				· · · · · · · · · · · · · · · · · · ·
	v			
		· · · · · · · · · · · · · · · · · · ·		
	11.00			
F. If an amendment provides provisions for implementi (if not applicable, indi	for an exchange, recla	essification, or cancel	lation of issued share	<u>8.</u>
(if not applicable, indi	cate N/A)	ios contanted in the c	amortamort Habits	
N/A				
			· · · · · · · · · · · · · · · · · · ·	
<u>, , , , , , , , , , , , , , , , , , , </u>				

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if annicables	
(no more than 90 days aft	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	story filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through votin must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficient	nt for approval
by(voting group)	
The amendment(s) was/were adopted by the board of directors without slaction was not required.	nareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
Friday, October 2, 2015 Dated	
Signature Lombal Library (By a director, president or other officer – if director, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
Sophal Chhoeun	
(Typed or printed name of pe	erson signing)
President	
(Title of person s	signing)