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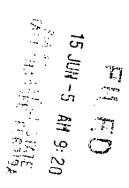
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
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| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

TO: Amendment Section .

Tallahassee, FL 32314

| Division of Corporations | 5 5 T |
|--|--|
| NAME OF CORPORATION: Tamog Bay Head DOCUMENT NUMBER: 15000025763- The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following the submitted for filing please return all correspondence concerning this matter to the following the submitted for filing please return all correspondence concerning this matter to the following the submitted for filing please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning this matter to the following please return all correspondence concerning the concerning this matter to the following please return all correspondence concerning the correspondence con | Ith and Wellness Corp |
| DOCUMENT NUMBER: 15000025143- | S S |
| The enclosed Articles of Amendment and fee are submitted for filin | g |
| Please return all correspondence concerning this matter to the follow | ring: |
| Barbara R | Obin 520 ntact Person |
| tampa Ray Health ac | ompany Corp |
| 1331 Calacisi Do | ress |
| Wesley Chape / City/State a | F1 33544 |
| b constant love a am E-mail address: (to be used for future and | nual report notification) |
| For further information concerning this matter, please call: | |
| Name of Contact Person at (_ | 727) 238-0857 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Fl | orida Department of State: |
| \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \& Certificate of Status \$\Bigcup \\$43.75 Filing Certified Co (Additional enclosed) | opy Certificate of Status |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | Street Address Amendment Section Division of Corporations Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

| · | to | | . <u> </u> |
|--|---------------------------------------|------------------------------------|--|
| • | Articles of Incorpo | ration | |
| tona Raidleall | th and well | ness Corp | |
| (Name of Cor | poration as currently file | ed with the Florida Dept. o | of State) |
| P 150000 25762 | | | 一一多美力 |
| | Document Number of Cor | noration (if known) | |
| | • | | 0 |
| Pursuant to the provisions of section 607.1006, its Articles of Incorporation: | Florida Statutes, this <i>Florida</i> | <i>ida Profit Corporation</i> adop | ots the following amendment(s) t |
| A. If amending name, enter the new name of | f the corporation: | | |
| | | | The new |
| name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," | "Corp," "Inc," or "Co". | . A professional corporation | ted" or the abbreviation on name must contain the |
| B. Enter new principal office address, if app (Principal office address MUST BE A STREE | | | |
| (Principal office address MOST BE ASTREE | (ADDRESS) | | |
| | • | | |
| | - | | |
| C. Enter new mailing address, if applicable | | 1201 0-1 1 | |
| (Mailing address <u>MAY BE A POST OFFI</u> | <u>CE BOX</u>) | 1331 Calade | <u>'5/ 0@</u> |
| | | Wasten Chape | 21, FC 33544 |
| | | | , , , |
| | - | - | |
| D. If amending the registered agent and/or i | | n Florida, enter the name | of the |
| new registered agent and/or the new regi | istered office address: | | |
| Name of New Registered Agent | | | |
| | | | <u> </u> |
| | (Florida street a | ddress) | |
| | • | | maria. |
| New Registered Office Address: | (City | | Florida (Zip Code) |
| | 1019, | , | |
| | | | 9: 20 |
| New Registered Agent's Signature, if changi | ng Registered Agent: | | 20 N |
| I hereby accept the appointment as registered of | agent. I am familiar with | and accept the obligations o | of the position. |
| | | | |
| | | | |
| | 07 | A | |
| | — Signature of New Regis | tered 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.

| X Change | PT John Doc | |
|----------------------------|----------------------------|-------------------------|
| X Remove | <u>V</u> <u>Mike Jones</u> | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change | P Watasha Williams | 9917 Bromota De |
| Add | | tampa FC 33626 |
| X Remove | | |
| 2) Change | V Leslie Robinson | 180 Lifestyle Blud |
| Add | | Palm Habon FL 34685 |
| Remove 3) Change | P ERICA WILLIAMS | 9917 Brancher Dr |
| Add | | tampa Fl 33626 |
| Remove | | |
| 4) Change | V Barbara Robinson | 1331 Caladesi De |
| Add | | Luesley Chapel FC 33544 |
| Remove | | |
| 5) Change | | |
| Add | | |
| Remove | | |
| 6) Change | | |
| Add | | |
| Remove | | |

| Attach additional sheets, if necessary). | (Be specific) | | |
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| f an amendment provides for an exch | unga raplaccification on col | roollation of issued sh | orec |
| provisions for implementing the amer | dment if not contained in t | re amendment itself: | ares, |
| (if not applicable, indicate N/A) | | | |
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| | , if other than the |
|--|---------------------------|
| date, this document was signed. | |
| Effective date if applicable: 5/20/15 | |
| (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 we document's effective date on the Department of State's records. | fill not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| 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) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated5/20//5 | |
| Signature V. L. | |
| (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) | |
| (Typed or printed name of person signing) | |
| | |
| President | |
| (Title of person signing) | |