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R. WHITE



September 29, 2016

TERRY KERR 304 INDIAN TRACE STE 276 WESTON, FL 33326

SUBJECT: TLK WELLNESS SPA INC

Ref. Number: P15000025848

We have received your document for TLK WELLNESS SPA INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have checked multiple boxes under adoption of amendment. Please only check one box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 416A00021021

## COVER LETTER

TO: Amendment Section Division of Corporations	1 1.4
NAME OF CORPORATION: TLK WELLWESS SPATINC BOCUMENT NUMBER: P15 0000 25 848	
DOCUMENT NUMBER: P15 0000 25 848	,
The enclused Aeticles of Amendment and fee are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
TERRY KERR	
/ Name of Contact Person	
304 INDIAN TRACE Stel 276	
304 INDIAN TRACE Stee 276 WESTON FL 33326	
City: State and Zip Code	
TERRY @ YOUR FATLOSS COAC	h. Com
E-mail address: Ito be used for future annual report notification)	
For further information concerning this matter, please call:	,
TERRY KERR 1954 394-6371	· · ·,
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
S35 Filing Fee Scale Certificate of Status Certificate of Status (Additional copy is enclosed)  S43.75 Filing Fee Scale Certificate of Status (Certificate of Status Certified Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Cities Partition	

Taltahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Fax: +1 (850) 2456897

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Articles of An	nendment
Articles of Inco	arriantion - 00
	AC OCT UT THE 21 //
TLK Well NESS	SPA INCSECTION
(Name of Curporation as currently	filed with the Florida Dept. of State)
P15 0000 25848	
(Document Number of	Corporation (if known)
ursuant to the provisions of section 607,1006, Florida Statutes, this I & Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) is
. If amending name, enter the new name of the corporation:	
TLK Wellness Ind	USTRIES INC The New
tome must be distinguishable and contain the ward "corporation	t," "company," or "incorporated" or the abbreviation
Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," in "C	
ord "chartered," "professional association," or the abbreviation "i	R4."
. Enter new principal office address, if applicable;	2200 N COMMERCE
Principal office address MUST BE A STREET ADDRESS )	
	TARKWAY STE JOO
	PARKWAY Ste 200 Weston FL 33326
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	304 INDIAN TRACE STEP
	WESTON FL 33326
	many and the commence of the c
. If amending the registered agent and/or registered office addr	ess in Flurida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Revistered Agent TERFLA	KERR ANTRACE SILE 276
2.061 THE	ANTRACO SIO DIL
Planta str.	ver attracci
الرائيسين الرائي	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: WESTON	Florida 33326
,	re nye (Zap Code)
•	
lew Registered Agent's Signature, if changing Registered Agent:	•

I hereby accept the appointment us registered agent. I am familiar with and accept the obligations of the position,

Sgnature 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 little by the first letter of the office title:

To:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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>	<u>Iohn Doc</u>	•		
X Remove	Σ	Mike Junes			
X Add.	sv	Sally Smith			
Type of Action (Check One)	Title	Name	Address		
1)Change	****				
Add			and the control of th		
Remove			· · · · · · · · · · · · · · · · · · ·		
2) Change		·			
Add					
Remove			which there are the series and a series and the series of		
3)Change		· · · · · · · · · · · · · · · · · · ·			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add	<del></del>				
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			, · · •		
6)Chunge	ernakurakuma gara	Table			
Add			for a constructive a particular programme and a substantive of programme of programmes and an experience of the constructive o		
Remove					

From: Fat Loss Coach

Fax: +1 (850) 2456897

If amending or adding additional Artic Attach additional sheets, if necessary).	iBe specific)	
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If an amendment provides for an excha- provisions for implementing the amen (if not applicable, indicate N/A)	ance, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:	
*		
a ganggangangangangangangangangangangan manggangangangangangangan kadaran asawan sa dalah ka 2 pundu ka mang s	no not not part their integer or interhillmental project which strains are property description and consider the computation interhillment of the constitution of the	· Sandard have shown their physician constitution belongs to constitute of
	ور جنانی سوده و داره های میرون مرده ساید به دارد در دارد میرون و دارد	والمقطعة والمواقعة المراجعة والمعارضة والمعارض
		ريعقيها بالمصافية والمستعدد والمستوانية وا
		and the state of t

To:

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The date of each amendment(s) adoption:	
date this document was signed.	-/16
Effective date if applicable: 1/ (no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the
Adaption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	
"The number of votes east for the amendment(s) was	/were sufficient for approval
by(voting group)	. 77
(voting group)	
☐ The amendment(s) was/were adopted by the board of dire action was not required.	ctors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated9/15/16	
Signature  (By a director president or other	officer - if directors or officers have not been
	in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary	iary)
TERRI	1 KERR
(Typed or pri	ned name of person signing)
•	JP
(*	itle of person signing)