P5000039055

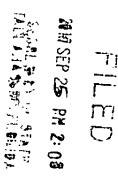
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400303810384

09/25/17--01043--017 **35.00



Anund

SEP 27 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: YOGA CURE, INC	C	
DOCUMENT NUMB	ER: P15000039053	-	
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	IOAO H. GOMES - CPA		
•		Name of Contact Persor	1
	ACCOUNTINGALLY, ELC		
-		Firm/ Company	
	312 SE 17TH STREET - SUI		
•		Address	
	FORT LAUDERDALE, FL	33316	
-		City/ State and Zip Cod	e
JGON	ES@ACCOUNTINGALLY	.СОМ	
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, pleas		
JOAO H. GOMES - C	PA	at () 903-3172 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building (xecutive Center Circle assec, F1, 32301

Articles of Amendment to Articles of Incorporation of

YOGA CURE INC.			
(<u>Name</u>	of Corporation as currently filed v	vith the Florida Dept. of State)	
P15000039053			
	(Document Number of Corpor	ation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation;	.1006. Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:		
		The nev	
	nation "Corp." "Inc." or "Co". A uion," or the abbreviation "P.A." if applicable:	mpany," or "incorporated" or the abbreviatio, professional corporation name must contain th	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		PAIR SEP 25 PM 2	FILED
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office address in F w registered office address;	lorida, enter the name of the	
Name of New Registered Agent	ACCOUNTINGALLY, LLC		
	312 SE 17TH STREET - SUITE 301		
	(Florida street address)		
New Registered Office Address:	FORT LAUDERDALE.	, Florida ³³³¹⁶	
	(City)	(Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

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

grapure 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 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	PT	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Cheek One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
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).	(Be specific)	
···		
······································		···
		—
		—
		_
f an amendment provides for an excha- provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and indicate in the amendment itself:	
(if not applicable, indicate N/A)	noment in the amendment itself.	
		<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 96 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will 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 east 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.	
09/15/2017	
Signature CiSol of Ci	
(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)	
ELISABETH MATTERN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	