P15000044134

(Re	questor's Name)	• • • •		
(Address)				
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(Do	cument Number)	_		
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07/30/15--01016--003 **35.00



Amend

JUL 31 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: 247 HEALTH STO	ORE INC		
DOCUMENT NUMBE	D15000046124			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
F	ENNY GENT			
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	<u> </u>	
2	247 HEALTH STORE INC			
_		Firm/ Company		
1	6909 HIGH GROVE BLVI)		
_		Address		
C	CLERMONT, FL 34714			
_		City/ State and Zip Code	2	
PENN	Y@FLIGUSA.COM			
•	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
PENNY GENT		at (<u>941</u>	926-9330	
Name of Contact Person Area Code & Daytime Telephone N			de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



247 HEALTH STORE INC

(<u>Name o</u>	f Corporation as currently	<u>filed with the Florida De</u>	pt. of State)
P15000046134			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	orida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new na	me of the corporation:		The man
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "C	o". A professional corpo	
B. Enter new principal office address, Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5654 MARQUESAS CIRCLE	
		SARASOTA, FL 34233	
D. If amending the registered agent an	d/or registered office addre	es in Florida, antar tha n	ame of the
new registered agent and/or the new	w registered office address:	35 In Profitat enter the In	ame of the
Name of New Registered Agent	PENNY GENT		
	16909 HIGH GROVE BLV	D	
	(Florida stree	et address)	
New Registered Office Address:	CLERMONT		, Florida 34714
	((City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar w	ith and accept the obligati	ons of the position.
	Signature of New Pa	gistered Agent, if changin	g

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	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	P	PETER CURREY	16909 HIGH GROVE BLVD		
Add			CLERMONT, FL 34714		
X Remove					
2) Change	P	PENNY GENT	16909 HIGH GROVE BLVD		
X Add			CLERMONT, FL 34714		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change	<u></u>				
Add					
Remove					

E. <u>If amending or a</u> (Attach additional	adding additional Ar al sheets, if necessary)	ticles, enter chan (Be specific)	ge(s) here:			
N/A	s. tooto, if necessary)	. (De specific)				
1111						
<u> </u>						
	- 11				•	
				•		
						
					·	
<u> </u>			.	,		
F. <u>If an amendmer</u>	nt provides for an exc	change, reclassific	cation, or cancella	ation of issued s	hares,	
provisions for i	implementing the amicable, indicate N/A)	endment if not co	ontained in the an	nendment itself	Ĺ	
N/A	cubie, maicale WA)					
		<u> </u>				
	18.					
		·-·· ·	_			

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in th document's effective date on the	is block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amend sufficient for approval.	ment(s)
	approved by the shareholders through voting groups. The following s for each voting group entitled to vote separately on the amendment(s	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	,"	
·	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	der
7/28/20	15	
DatedSignature	Feler Currey	
(By sele	a director, president or other officer – if directors or officers have not cted, by an incorporator – if in the hands of a receiver, trustee, or othe ointed fiduciary by that fiduciary)	
	PETER CURREY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	