

P15000073491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

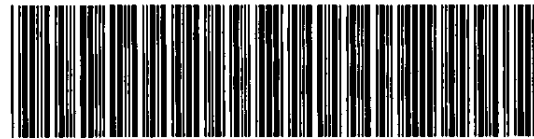
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 FEB 28 PM 2:10

FILED

Amend / name change

MAR 09 2017

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BUILDING WELLNESS INC

DOCUMENT NUMBER: P15000073491

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRENE OUILLETTE

Name of Contact Person

BUILDING WELLNESS INC

Firm/ Company

889 BRANTLEY DR

Address

LONGWOOD, FL 32779

City/ State and Zip Code

ireneajbc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRENE OUILLETTE

Name of Contact Person

at (407)

810-7581

Area Code & 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
17 FEB 28 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2017

(O NOT Q)

IRENE OUILLETTE
BUILDING WELLNESS INC
889 BRANTLEY DRIVE
LONGWOOD, FL 32779

PH# 407-816-7581

SUBJECT: BUILDING WELLNESS INC
Ref. Number: P15000073491

We have received your document for BUILDING WELLNESS INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are trying to change to a Benefit Corporation you will need to complete the attached form.

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.

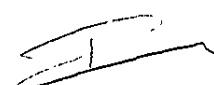
Diane Cushing
Senior Section Administrator

Letter Number: 317A00001184

*Hello, Please note that my last name is spelled with an "O" NOT a "Q".
Also, This is for a name change + change to Benefit Corp.*

Thank you + Have a Fantastic Day!

VED
JAN 28 PM 14 82 EST
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Articles of Amendment
to
Articles of Incorporation
of

FILED
17 FEB 28 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BUILDING WELLNESS INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000073491

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

CLEAN FOODIE INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida
(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.

Signature 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

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:



The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

TO ASSIST THE PUBLIC IN LOCATING CLEAN HEALTHY FOOD, PROMOTE
THOSE WHO PROVIDE IT, AND EDUCATE OTHERS ON THE IMPORTANCE
OF EATING "CLEAN" FOOD.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

TO PROVIDE AN UNBIASED SOURCE TO THE PUBLIC WHICH DETAILS
WHERE CLEAN FOOD CAN BE FOUND. THIS DIRECTORY WILL CONSIST
OF RESTAURANTS, FARMERS MARKETS AND GROCERS ACROSS THE
GLOBE THAT PROVIDE CLEAN HEALTHY FOOD.

The additional qualifications of Benefit Director(s), if any, are as follows: JUST A CHRONICALLY ILL FOUNDER WHO MUST
EAT CLEAN TO MAINTAIN VITALITY. AFTER YEARS OF PAINSTAKINGLY SEARCHING FOR CLEAN FOOD WHILE
TRAVELING, I HAVE BECOME PASSIONATE ABOUT PROVIDING A SITE FOR ALL TO ACCESS THAT SPELLS
OUT WHERE HEALTHY MEALS/FOOD CAN BE FOUND, AND TO PROMOTE THE UNSUNG HEROES WHO GO
THE EXTRA MILE TO PROVIDE IT!

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: INENE ONILETTE, PRESIDENT Name and Title: _____

Address: 889 BRANTLEY DR Address: _____

LONGWOOD FL 32779 _____

(Include attachment if necessary)



The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

F. FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:

- ☐ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

is: _____

The public benefit for which the corporation is organized is:

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

The additional qualifications of Benefit Director(s), if any, are as follows: _____

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

(Attach *additional sheets, if necessary*). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: FEBRUARY 14, 2017
(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 will not be listed as the document's effective date on the Department of State's records.

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.

Dated 2/14/17

Signature 

(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)

IRENE OUILLETTE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)