P15000014339

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Pens	sacola Center For Health and Wellness	
DOCUMENT NUMBER: P150000	074839	
The enclosed Articles of Amendment	and fee are submitted for filing.	
Please return all correspondence conc	erning this matter to the following:	
Marianne Haze	elitt	
	Name of Contact Perso	on
	Firm/ Company	
1005 SW Walte	er Avenue	
	Address	
Lake City FL 3	2024	
	City/ State and Zip Coo	de
mhazelitt@aol.com		
E-mail add	dress: (to be used for future annual repor	t notification)
For further information concerning thi	s matter, please call:	
Marianne Hazelitt	at (³¹⁰	408-5504
Name of Contact Perso	on Area C	ode & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Dep	partment of State:
-	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 Corpora P.O. Box 6327 Tallahassee, FL 323	Amen tions Divisi Cliftor	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Pensacola Center For Health and Wellness	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P15000074839	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
Transformations Weight Loss & Longevity Center, 10c.	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Lake City FL 32024
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Marianne Hazelitt 1005 SW Walter Ave
	Lake City FL 32024
D. If amending the registered agent and/or registered office ad 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 Age 1 hereby accept the appointment as registered agent. 1 am familia	
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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_	4.4	
Add				
Remove				
6) Change				
Add				
Remove				

	Articles, enter change(s) here: ry). (Be specific)	
·		• •
		
•••		
		
f an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	amendment if not contained in the amendment itself:	
, <u>, , , , , , , , , , , , , , , , , , </u>		

	October 01.2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	October 01, 2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.))
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
10-3-20 Dated	016	
Signature	11	
(By selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other cour sinted fiduciary by that fiduciary)	t
	Marianne Hazelitt	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	

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