P16000024799

(D.		
(Ke	equestor's Name)	
(Ad	ldress)	•
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

		COVER LETTER		
TO: Amendment Section Division of Corpor				To an and a state of the state
NAME OF CORPOR	ATION: Wellness Financial	Solutions Group, Inc		
DOCUMENT NUMB	ER: P16000024799			My Control
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		4. 12 Th
Please return all corresp	ondence concerning this mat	tter to the following:		
(Christopher Harvey			
_	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1	
,	Wellness Financial Solutions	Group, Inc		
-		Firm/ Company		
4	1265 NW 9TH Street			
-		Address		
I -	Delray Beach, FL 33445			
		City/ State and Zip Code	e	
chris@	wellnessfinancialsolutions.c	om		
		sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Christopher Harvey		at (860-1850	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	<u></u>
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Amer Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 Industrial hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	,

Articles of Amendment to

Articles of Incorporation

Nellness Financial Solutions

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

P16000024799

(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:

		The new ny," or "incorporated" or the abbreviation fessional corporation name must contain the
word "chartered," "professional associa		ressional corporation name musi contain the
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	<u></u>	
D. If amending the registered agent ar new registered agent and/or the ne		la, enter the name of the
Name of New Registered Agent	Christopher Harvey	
Name of New Registered Agent	4265 NW 9TH Street	
	(Florida street address)	
	Delray Beach	, Florida 33445
New Registered Office Address:		(Zip Code)
New Registered Office Address:	(City)	(Lip Coul)
New Registered Office Address:	(City)	(Lap cour)
		(Lip cour)
New Registered Office Address: New Registered Agent's Signature, if c I hereby accept the appointment as registered.	hanging Registered Agent:	, ,

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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u> y	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Carrie Carlton	4265 NW 9TH ST
Add X Remove			Delray Beach, FL 33445
2) Change	PDCEO	Christopher Harvey	4265 NW 9TH ST
A Add Remove 3) Change			
Add			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change	 		
Add Remove			

THE CARRON IS TRANSFERRING TIME	cessary). (Be specific)	Einamaial Calusiana Ca	oun to Christonkon House	
	% ownership of Wellness	Financial Solutions Gr	oup to Christopher Harvey	
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		MARKET IN COLUMN TO THE COLUMN		
T.C				
If an amendment provides for provisions for implementing	or an exchange, reclassing the amendment if not c	ontained in the amen	dment itself:	
(if not applicable, indica	te N/A)			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
10/01/2016	
Effective date if applicable: (no more than 90 days after amendmen	t file date)
,	, ,
Note: If the date inserted in this block does not meet the applicable statutory filing red document's effective date on the Department of State's records.	quirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the continuous separately provided for each voting group entitled to vote separately on the continuous separately provided for each voting group entitled to vote separately on the continuous separately provided for each voting group entitled to vote separately on the continuous separately provided for each voting group entitled to vote separately on the continuous separately provided for each voting group entitled to vote separately provided for each voting group entitled to vote separately entitled to	
"The number of votes cast for the amendment(s) was/were sufficient for approva	1
by	,,
(voting group)	-
 The amendment(s) was/were adopted by the board of directors without shareholder act action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action a action was not required. 	
Dated	
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, transpointed fiduciary by that fiduciary)	
CHRISTO PHER +	HARVEY
(Typed or printed name of person signing)	,
PRESIDENT & CE	0
(Title of person signing)	

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