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SECRETARY OF STATE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Garden of New Bo	eginnings Inc	
	BER: P16000085447		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Max Duthie		
		Name of Contact Perso	n
	Garden of New Beginnings I	nc	
		Firm/ Company	
	200 B	• •	
	300 Prosperity Farms Rd, Ste	: A 	
		Address	
	North Palm Beach Fl 33408		
		City/ State and Zip Cod	e
mdut ———	hie@gardenofnewbeginings.c		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
MAx Duthie		772 at (	233-7303
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or 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)
<u>M</u> ai	iling Address	<u>Street</u>	Address
Ame	endment Section	Amend	Iment Section
Division of Corporations			on of Corporations
P.O. Box 6327			Building
Tallahassee, FL 32314		2001 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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SECRETARY OF 8: 30	
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SECRETARY OF STATE	

Garden of New Beginnings Inc

(Name of Corporation as currently filed with the Florida Dept. P16000085447 (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: 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: (City) 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	<u>Şally Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	Alonderay Johnson PhD	7357 120th Ave North
X Add			West Palm Beach Fl 33412
Remove			<del></del>
2) X Change	PCEO	Max Duthie	1876 Trailside Path
Add			Stuart, FL 34997
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if no	tional Articles, ente ecessary). (Be spec	cific)		
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f an amendment provides for	or an exchange, rec	lassification, or can	cellation of issued s	hares.
provisions for implementin (if not applicable, indica	<u>g the amendment ii</u> ate N/A)	not contained in th	ie amendment itseli:	_
	,			
	<del></del>		<del></del>	
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The date of each amendment(s) adopted this document was signed.		, it other than the
8/1/17		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will truent of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes east for the amendment(s) ient for approval.	
	ed by the shareholders through voting groups. The following statement h 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)	
	(voting group)	
action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	1 by the incorporators without shareholder action and shareholder	
8/3/17 Dated		
Signature	in the	
(By a difect selected, by	tor, president of other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	_
Ma	x Duthie	
- <del></del>	(Typed or printed name of person signing)	- <u>-</u>
CEG	D, CFO	
_	(Title of person signing)	