Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000210891 3)))



H170002108913ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Fmail | Address: | | | |
|-------|-----------|--|--|--|
| خحوسا | MUUI COO. | | | |

COR AMND/RESTATE/CORRECT OR O/D RESIGN

MAX HEALTH WELLNESS CORP

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing MecoLDEN

Help

H17000210891

Articles of Amendment to Articles of Incorporation

| MHX HEALIH MELLINESS WIN | |
|---|------------------------|
| Florida Document Number: P1700026511 | |
| | |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts following amendment(s) to its Articles of Incorporation: | the |
| Change all addresses to. | |
| | |
| 3900 NW 79+h AVE STE 31 | 00 |
| PORAL, FL 33166 | |
| | |
| | |
| | |
| | |
| | |
| | |
| Q 19 M7 | |
| These articles of amendment were adopted on | |
| The corporation has only one group of voting stock. This amendment was approved by the shareholders and the nurvotes cast for amendment was sufficient for approval. | nber of |
| | . |
| | 7017 A 150 |
| | <u>.</u> |
| Roberto Torrer (7) | |
| Thinks the table the table | LED |
| | <u>.</u> |
| New Registered Agent's Signature, if changing Registered Agent. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | <u>.</u> - 8 |
| Signature of New Registered Agent, if changing | |