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.

(((H21000389548 3)))



H210003895483ABC7

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.

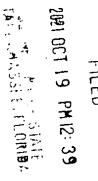
Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN LIFE & WELLNESS HEALTH CENTER CORP

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



Articles	of.	Am	en	dm	eni
----------	-----	----	----	----	-----

of Amendment
Articles of Incorporation
Life & Wellness Health Center Cor
Florida Document Number: P170000 41420
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the
Title: V-D
Name: You Santang
Hadress: 7949 NW 25+
- Miami Fl 3312(
These articles of amendment were adopted on 10192
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval. Printed Name and Title Printed Name and Titl
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