## P17000057805

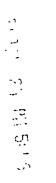
| (Re                     | equestor's Name)   |             |  |  |
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| (Address)               |                    |             |  |  |
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| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Bi                     | usiness Entity Nar | me)         |  |  |
| (Document Number)       |                    |             |  |  |
| Certified Copies        | Certificates       | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
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Office Use Only



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08/24/20--01027--031 \*\*52.50



O. GOLDEN 0CT - 9 2020

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPO  | ORATION: Pura Vida Body &                 | Mind Spa, Inc.   |  |  |
|--|---|--|--|--|
|  | 1BER: P17000057805                        |  |  |  |
|  | es of Amendment and fee are su            | bmitted for filing.  |  |  |
| Please return all cor  | respondence concerning this ma            | itter to the following:  |  |  |
|  | Julie Davis                               |  |  |  |
|  |   | Name of Contact Person   |  |  |
|  |   | Firm/ Company  |  |  |
|  | 820 Lawhon Drive                          | 2000000000   | 1011   |  |
|  | Saint Johns, FL 32259                     | Address  |  |  |
|  |   | City/ State and Zip Code   |  |  |
|  | julie@pfpsjax.com                         |  |  |  |
|  | E-mail address: (to be us                 | sed for future annual report   | notification)  |  |
| For further informat   | ion concerning this matter, plea          | se call:   |  |  |
| Julie Davis  |   | 904<br>at (  | 505-4548   |  |
| Nam  | e of Contact Person                       | Area Cod   | le & Daytime Telephone Number  |  |
| Enclosed is a check  | for the following amount made             | payable to the Florida Depa  | rtment of State:   |  |
| S35 Filing Fee   | S43.75 Filing Fee & Certificate of Status | S43.75 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 Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |  |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

PURA VIDA BODY & MIND SPA, INC

[2] 21 PM 5: 13

| ( <u>Name</u> )  | of Corporation as currei    | <u>itly filed with the Florida Dept. (</u> | of State)                         |  |
|--|-----------------------------|--|-----------------------------------|--|
| P17000057805   |                             |  |                                   |  |
| -  | (Document Number            | of Corporation (if known)                  |                                   |  |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | .1006, Florida Statutes, th | is <i>Florida Profit Corporation</i> ado   | pts the following amendment(s) to |  |
| A. If amending name, enter the new n   | ame of the corporation:     |  |                                   |  |
| N/A  |                             |  | The new                           |  |
| name must be distinguishable and contain<br>"Inc.," or Co.," or the designation "C<br>"chartered," "professional association," | Corp." "Inc." or "Co".      | A professional corporation nan             | r the abbreviation "Corp"         |  |
| B. Enter new principal office address,   | if anniicable:              | N/A  |                                   |  |
| (Principal office address MUST BE A S  |                             |  |                                   |  |
|  |                             |  |                                   |  |
|  |                             |  |                                   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                             | 820 Lawhon Drive                           |                                   |  |
|  |                             | Saint Johns, FL 32259                      |                                   |  |
|  |                             |  |                                   |  |
|  |                             |  |                                   |  |
| D. If amending the registered agent ar   | nd/or registered office ad  | dress in Florida, enter the name           | e of the                          |  |
| new registered agent and/or the new  |                             |  |                                   |  |
| Name of New Registered Agent   | Julie Davis                 |  |                                   |  |
|  | 820 Lawhon Drive            |  | <del></del>                       |  |
|  | (Florida :                  | street address)                            |                                   |  |
| New Registered Office Address:   | Saint Johns                 | ,  | Florida 32259                     |  |
| New Registered Office Address.   |                             | , t<br>, (City)                            | riorida<br>(Zip Code)             |  |
|  |                             |  | •                                 |  |
|  |                             |  |                                   |  |
| New Registered Agent's Signature, if c   |                             |  |                                   |  |
| I hereby accept the appointment as regist  | tered agent. I am familia   | r with and accept the obligations (        | of the position.                  |  |
|  | $\sim$                      | \  |                                   |  |
| 1  | Chille N                    | Oe/  |                                   |  |
|  | Signature of New            | O24 Registered Agent, if changing          | <del></del>                       |  |
|  | U'                          |  |                                   |  |
| Check if applicable  |                             |  |                                   |  |

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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>    | Sally Smith        |                           |
| Type of Action (Check One) | <u>Title</u> | Name               | <u>Addres</u> s           |
| 1) Change                  | <u>S</u>     | Russell Benes, Jr. | 1715 Eagle Harbor Parkway |
| Add                        |              |                    | Suite C                   |
| X Remove                   |              |                    | Fleming Island, FL 32003  |
| 2) Change                  |              |                    |                           |
| Add                        |              |                    |                           |
| Remove 3) Change           |              |                    |                           |
| Add                        |              |                    |                           |
| Remove                     |              |                    |                           |
| 4) Change                  |              |                    |                           |
| Add                        |              |                    |                           |
| Remove                     |              |                    |                           |
| 5) Change                  |              |                    |                           |
| Add                        |              |                    |                           |
| Remove                     |              |                    |                           |
| 6) Change                  |              | _                  |                           |
| Add                        |              |                    |                           |
| Remove                     |              |                    |                           |

| — (Attach <i>additional shee</i> | g additional Articles, ears, if necessary). (Be s | specific)         | <del></del>     |                  |     |
|----------------------------------|---|-------------------|-----------------|------------------|-----|
| N/A                              |   | 4 12/11/          |                 |                  |     |
|                                  | <del></del>                                       |                   |                 |                  |     |
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|                                  |   |                   |                 |                  |     |
| F. If an amendment pro           | vides for an exchange                             | reclassification  | or cancellation | of issued shares |     |
| provisions for imple             | menting the amendment indicate N/A)               | nt if not contain | ed in the amend | ment itself:     |     |
| (if not applicable               | , indicate N/A)                                   |                   |                 |                  |     |
|                                  |   |                   |                 |                  |     |
|                                  |   |                   |                 | <del>-1.</del> . |     |
|                                  |   |                   |                 |                  |     |
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|                                  |   |                   |                 |                  |     |
|                                  | <del></del>                                       |                   |                 | <u></u>          |     |

| 10/28/2018  |   |
|---|---|
| The date of each amendment(s) adoption:   | , if other than the   |
| date this document was signed.  |   |
| Effective date if applicable:   |   |
|   | 90 days after amendment file date)  |
| <b>Note:</b> If the date inserted in this block does not meet the app document's effective date on the Department of State's records. | licable statutory filing requirements, this date will not be listed as the                          |
| Adoption of Amendment(s) (CHECK ONE)  |   |
| The amendment(s) was/were adopted by the incorporators, of action was not required.   | r board of directors without shareholder action and shareholder                                     |
| the amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.                      | he number of votes cast for the amendment(s)  |
| The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to              |   |
| "The number of votes east for the amendment(s) was/v  | vere sufficient for approval  |
| Julie Davis, President - Single member BOD  |   |
| (voting group)  | <del></del> ·   |
| 08/18.2020  |   |
| Signature   | <i>'.</i>   |
| (By a director, president or other of selected, by an incorporator – if in appointed fiduciary by that fiduciar                       | ficer – if directors or officers have not been the hands of a receiver, trustee, or other court (y) |
| Julie Davis   |   |
| (Typed or printe  | d name of person signing)   |
| President   |   |
| (Title of person :  | signing)  |