## P17000069470

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## COVER LETTER

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TO: Amendment Se Division of Cor				
NAME OF CORPO	ORATION: Healthy 1 Inc		•	
	1BER: P17000068470			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all con	respondence concerning this ma	tter to the following:		
	Matthew Zifferblatt			
		Name of Contact Person	n	
	Healthy 1 Inc			
	Firm Company			
	3936 S Semoran Blvd #473			
	Address			
	Orlando, FL 32822			
		City/ State and Zip Code	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	healthyoneine@gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Matthew Zifferblatt		407 at (	431-5256	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check (	for the following amount made	payable to the Florida Depa	irtment of State;	
S35 Filing Fee	☐\$43.75 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

Healthy I Inc

Heatiny 1 Inc			
(Name of Corporation as current	ly filed with the Florida Dept, of St.	ate)	
P17000068470			
(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts th	ie following amei	ndment(s) to
A. If amending name, enter the new name of the corporation:			
		The	неш
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", " "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	thbreviation "Co ust contain the	vp" word
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
			<del></del> -
		257	····
C. Enter new mailing address, if applicable: (Mailing address MAY BEA POST OFFICE BOX)		·	
		<	, were diff
		<u></u>	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of tl	he ် တ္	a.
new registered agent and/or the new registered office address		19	
Name of New Registered Agent			
tFlorida su	reet address)		
New Registered Office Address:	Florid	la	
	(City)	(Zip Code)	
None Domintoured Ament's Cinnatum of American Domina and American			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	$rac{\Delta}{2}$ with and accept the obligations of the	position.	
Signature of Vene k	Registered Agent, if changing		
	a gain is or regerie, if changing		
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 = Fice 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	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Lysaundra Lugo	3936 S Semoran Blvd #473
Add			Orlando, FL 32822
X Remove			***************************************
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change		<del></del>	
Add			
Remove			
57 Change			<del></del>
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
·	
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

	doption:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file dat	te)
Note: If the date inscrited in this b locument's effective date on the De	lock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes east for the a officient for approval.	mendment(s)
	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	•	
e'	Mittell	
Signature (By a d	rector, president or other officer - if directors or officers have	e not been
selecte	I, by an incorporator—if in the hands of a receiver, trustee, or	
appoint	ed fiduciary by that fiduciary)	
	Matthew 2-Herblet (Typed or printed name of person signing)	7
	(Title of person signing)	
	(Title of person signing)	