

PI 800000104/89

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

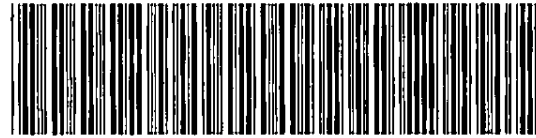
(Business Entity Name)

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2018 NOV 15 AM 10:16  
Sec. of State, Idaho  
TALLAHASSEE, FL

cc/cus  
Amend/Name  
chg

NOV 16 2018

1 ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Healing Heart Wellness, Inc  
DOCUMENT NUMBER: P 18000010489

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Freehill  
Name of Contact Person  
Brevard Health Hub, Inc  
Firm/ Company  
114 E. 4th Ave Suite 3  
Address  
Indialantic, FL 32903  
City/ State and Zip Code  
Management@healthhubbrevard.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Freehill at ( 321 ) 722-6722  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|---|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2018

REBECCA FREEHILL  
HEALING HEART WELLNESS INC  
114 6TH AVE - STE. S  
INDIALANTIC, FL 32903

SUBJECT: HEALING HEART WELLNESS, INC  
Ref. Number: P18000010489

RECEIVED  
2018 NOV 15 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for HEALING HEART WELLNESS, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F15000002322 - HEALTH HUB, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 018A00021791

New name  
Brevard Health  
Hub Inc.

We made  
corrections.  
Crossed out the  
old name.

Articles of Amendment  
to  
Articles of Incorporation  
of

Healing Heart Wellness, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P18000010489

(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:

~~The Health Hub, Inc~~ Brevard Health Hub Inc The new 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**)

114 6<sup>th</sup> Ave  
Suite 3  
Indiantonic, FL 32903

C. Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

114 6<sup>th</sup> Ave  
Suite 3  
Indiantonic, FL 32903

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: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |            |                         |                              |
|---|------------|-------------------------|------------------------------|
| 1) <input type="checkbox"/> Change            | <u>P</u>   | <u>Candice Gallion</u>  | <u>1181 Westover St</u>      |
| <input checked="" type="checkbox"/> Add       | <u>CEO</u> |                         | <u>Melbourne, FL 32936</u>   |
| <input type="checkbox"/> Remove               |            |                         |                              |
| 2) <input checked="" type="checkbox"/> Change | <u>P</u>   | <u>Rebecca Freehill</u> | <u>621 Church St</u>         |
| <input type="checkbox"/> Add                  | <u>CEO</u> |                         | <u>W Melbourne, FL 32904</u> |
| <input type="checkbox"/> Remove               |            |                         |                              |
| 3) <input type="checkbox"/> Change            |            |                         |                              |
| <input type="checkbox"/> Add                  |            |                         |                              |
| <input type="checkbox"/> Remove               |            |                         |                              |
| 4) <input type="checkbox"/> Change            |            |                         |                              |
| <input type="checkbox"/> Add                  |            |                         |                              |
| <input type="checkbox"/> Remove               |            |                         |                              |
| 5) <input type="checkbox"/> Change            |            |                         |                              |
| <input type="checkbox"/> Add                  |            |                         |                              |
| <input type="checkbox"/> Remove               |            |                         |                              |
| 6) <input type="checkbox"/> Change            |            |                         |                              |
| <input type="checkbox"/> Add                  |            |                         |                              |
| <input type="checkbox"/> Remove               |            |                         |                              |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach *additional sheets, if necessary*). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: 10-1-18, if other than the date this document was signed.

Effective date if applicable: 10-1-18  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10-1-18

Signature Rebecca Freehill  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Rebecca Freehill  
(Typed or printed name of person signing)

President  
(Title of person signing)