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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CELLQUEST WE	LLNESS INC		
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	binitted for filling.		
Please return all corre	spondence concerning this ma	tter to the following:		
	RODERICK DAVIS			
		Name of Contact Persor	1	
	CELLQUEST WELLNESS	INC		
		Firm/ Company		
	10490 75TH ST UNIT B			
		Address		
	LARGO, FL 33777			
		City/ State and Zip Code	2	
CELI	QUEST1@GMAIL.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas			
Name	of Contact Person	at (Area Co)	
	r the following amount made			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo	ling Address endment Section sion of Corporations	Street Address Amendment Section Division of Corporations		
	Box 6327	Clifton Building		
Tall	ahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CELLOUEST WELLNESS INC

CELLQUEST WELLNESS INC			
(Name of Corporation as currentl	y filed with the Florida Dep	ot. of State)	
P18000031165			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation :	idopts the fol	lowing amendment(s)
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation "	Co". A professional corpo	orated" or ration name	the abbreviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			
	·		
			t-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mauing address MAT BE A POST OFFICE BOX)			
	-		
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		me of the	
Name of New Registered Agent			
Name of New Registerea Agent	•		
(Florida str	eet address)		
Non-Bossian and Million (11 and		_, Florida	
New Registered Office Address:	(City)	_, 1101104	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	i with and accept the obligatio	ns of Melliosi	夏河
		2000 H	- I
Signature of New R	Registered Agent, if changing	LONG STARS	

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>	<u>John De</u>	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>SV</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	PT		RODERICK O. DAVIS	8339 75TH AVE
X Add				LARGO FL 3377
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_	****	
Add				
Remove				
5) Change		_		
Add				
Remove				
Δ) ΔΗ				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	
<u>-</u>	
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) a late this document was signed.	doption:	if other than the
iate this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	tho more than 90 days after amenament file dates	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
05/14/20yr	e Ci	
Dated		
Signature	odered) Q Russ	
	director, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other coun	
appor	nted fiduciary by that fiduciary)	
	RODERICK O. DAVIS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	