P/8000038653

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: Wolf Health Inc				
DOCUMENT NU	MBER: <u>P1860003</u>	8653			
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	tter to the following:			
	Melvin Jones				
		Name of Contact Perso	n		
	Wolf Health Inc				
	Firm/ Company				
	1451 W. Cypress Creek Road, Suite 300				
	Address				
	Fort Lauderdale, FL 33309	<u> </u>			
		City/ State and Zip Cod	le		
w	olfhealth@icloud.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	ation concerning this matter, pleas	se call: 302 at ([,] 983-0032		
Na	ne of Contact Person	·	ode & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made p		•		
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		Ameno	Address Iment Section on of Corporations		

Articles of Amendment to Articles of Incorporation of

Wolf Health Inc		
(Name of Corporation	as currently filed with the Florida Dept	of State)
P18000038653		
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation ac	dopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:	
N/A		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional corpore	orated" or the abbreviation
D. Enter new principal office address if applicable.	N/A	№ 8
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	ESS)	A 8 7
		55.5
C. Enter new mailing address, if applicable:	N/A	F G
(Mailing address MAY BE A POST OFFICE BOX)	11/4	07. 9
		₩. ¬
	· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or registered		ne of the
new registered agent and/or the new registered off	fice address:	
Name of New Registered Agent N/A		
.	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist- I hereby accept the appointment as registered agent. I a		s of the position
r nervoy accept the approximent as registered agent. The	im jamilar wiin and accept the obligation.	з ој те розитт.
	_	
Signatu	re of New Registered Agent, if changing	

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	PT	John Doe	
\underline{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	VP	Elaine Lawrence	1451 W Cypress Creek Road
Add			Suite 300
X Remove			Fort Lauderdale, FL 33309
2) Change			
Add			
Remove			
3) Change		-	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)	<u>i</u> .	
. 1/ 6			
N/A		 -	
			· · · · · · · · · · · · · · · · · · ·
			
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· 1000			
		-	
If an amendment provides for an excl	nange reclassification or	cancellation of issued sh	arec
provisions for implementing the ame	ndment if not contained i	n the amendment itself:	
(if not applicable, indicate N/A)			
N/A			
	· <u></u>	<u></u>	
			
	<u> </u>		 .
-			
	 -		

•	7/31/2018	
The date of each amendment(s) add date this document was signed.	option:	, if other than the
7/31/	2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, that artment of State's records.	nis date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes east for the amendracient for approval.	nent(s)
	oved by the shareholders through voting groups. The following stach voting group entitled to vote separately on the amendment(s)	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and share	
7/31/2018 Dated Signature	mal o dom	
(By a dir selected appointe	ector, president or other officer – if directors or officers have not by an incorporate – if in the hands of a receiver, trustee, or other diductory by that fiductory) Melvir Jones	
-	(Typed or printed name of person signing)	
F	President	
-	(Title of person signing)	