

P16000 048 837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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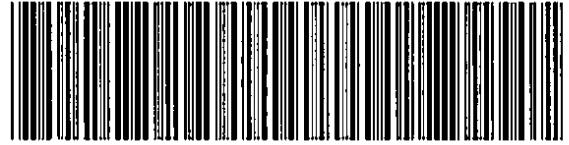
(Business Entity Name)

(Document Number)

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09/13/19--01004--007 **35.00

2019 SEP 13 PM 11:34

R. W. WHITE
SEP 23

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NAPLES AESTHETICS AND WELLNESS INSTITUTE INC

DOCUMENT NUMBER: P18000048837

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

Please return all correspondence concerning this matter to the following.

KATHERINE KIM DEAN

Name of Contact Person

NAPLES AESTHETICS AND WELLNESS INSTITUTE INC

Firm/ Company

671 GOODLETTE RD. N. STE 240

Address

NAPLES FL 34112

City/ State and Zip Code

KDEAN@NAPLESAWI.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELA RONCHETTI at 239 298-9800
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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

NAPLES AESTHETICS AND WELLNESS INSTITUTE INC

2019 SEP 13 11:11:34

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

P18000048837

(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 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)

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

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

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

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>D</u>	<u>MARGAUX DEAN</u>	<u>501 GOODLETTE RD. N.</u>
<input type="checkbox"/> Add			<u>SUITE D306</u>
<input checked="" type="checkbox"/> Remove			<u>NAPLES FL 34102</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>KATHERINE KIM DEAN</u>	<u>671 GOODLETTE RD. N.</u>
<input checked="" type="checkbox"/> Add			<u>STE 240</u>
<input type="checkbox"/> Remove			<u>NAPLES FL 34102</u>
3) <input type="checkbox"/> Change	<u>VP</u>	<u>KATHY DEAN</u>	<u>501 GOODLETTE RD. N.</u>
<input type="checkbox"/> Add			<u>SUITE D306</u>
<input checked="" type="checkbox"/> Remove			<u>NAPLES FL 34102</u>
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			

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

671 Goodlette Rd N Suite 240, Naples, FL 34102

671 Goodlette Rd N Suite 240, Naples, FL 34102

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed

09/10/2019

Effective date if applicable: _____
(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

09/10/2019

Dated _____

Signature _____

(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)

DANIELA RONCHETTI - INCORPORATOR

(Typed or printed name of person signing)

Incorporator

(Title of person signing)