## P18000070710

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## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Mind, Body 3 Soul Medical, Inc NAME OF CORPORATION: 180000 70710 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address

City/ State and Zip Code For further information concerning this matter, please call: at ( 850 380 - 8838)

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## **Articles of Amendment**

## Articles of Incorporation of

Mind Bady 3 Soul Medical	, Inc		
Mind, Bady 3 Sost Medical, Inc.  (Stame of Corporation as currently filed with the Florida Dept. of State)			
P18000070710			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "con "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."			
D. Enter new principal office address if applicables	24		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	:- 11		
	:		
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
	\$		
•			
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the		
new registered agent and/or the new registered office address:			
Name of New Registered Agent /////ee B.	<u> Fenner</u>		
23 Mac (Florida street	lista Circle, Pensawla, Fl 32507		
New Registered Office Address:			
(C	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.		
Mall Low Signature of New Registered Agent, if changing			
Signature of New Registered Agent, if changing			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after	amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statute	ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	pted by the incorporators, or board of dir	rectors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of fficient for approval.	f votes cast for the amendment(s)
1,7	roved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast i	for the amendment(s) was/were sufficien	t for approval
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
Dated 9-2	20-24 M	
Signature	n p	
(By a di selected	rector, president or other officer – if dire l, by an incorporator – if in the hands of ed fiduciary by that fiduciary)	
	Marice B. Fenn (Typed or printed name of pe	e C
	$\cap$	
	(Title of person signing)	