## P18000077387

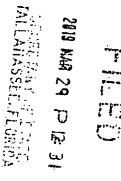
(Re	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	÷#)
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## **COVER LETTER**

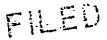
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HARBOR WEL	LNESS CENTER INC	
DOCUMENT NUMBER: P18000077387		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
ALEKSANDR POZHARS	SKY	
	Name of Contact Persor	1
HARBOR WELLNESS CI	ENTER INC	
	Firm/ Company	
4575 VIA ROYALE. UNI	Т 201	
	Address	
FORT MYERS, FL 33919		
	City/ State and Zip Code	2
harborcenter95@gmail.com		
	used for future annual report	notification)
		,
For further information concerning this matter, ple	ease call:	
ALEKSANDR POZHARSKY	at ( 201	213-8398
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	<b>—</b>	□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment

## Articles of Incorporation of



HARBOR WELLNESS CENTER INC (Name of Corporation as currently filed with the footies Bept. of State) P18000077387 (Document Number of Corporation (Kkin And) 5 5 1. C. 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: 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: \_ 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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	IGOR KATS	4575 VIA ROYALE, UNIT 201
X Add			FORT MYERS, FL 33919
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			-
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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•				•
				•
f an amendment provides for an exch	ange, reclassification,	or cancellation of issu	ed shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	<u>ndment if not containe</u>	<u>d in the amendment i</u>	<u>tself:</u>	
				••

•	03/26/2019
The date of each amendment(s) date this document was signed.	
<del>-</del>	3/26/2019
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.  The amendment(s) was/were a	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder
action was not required.	
03/26/20	19
DatedSignature	A. Paff
(By a	director, president or other officer - if directors or officers have not been
	tted, by an incorporator – if in the hands of a receiver, trustee, or other court
	inted fiduciary by that fiduciary)
	ALEKSANDR POZHARSKY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)