P18000081783

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: SALT LIFE WELL	NESS SPA INC	
	1BER: P18000081783		
The enclosed Article	s of Amendment and fee are sul	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	KAREN KOCH		
		Name of Contact Person	1
		Firm/ Company	
	325 MEHLENBACHER RD.		
	BELLEAIR BLUFFS, FL 337	Address	
		City/ State and Zip Code	<u> </u>
	KARENLKOCH@ME.COM	City/ State and Zip/Cod	
	_	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e call:	
KAREN KOCH		at (<u>727</u>	424-0555
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made p	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SALT LIFE WELLNESS SPA INC	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P18000081783	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
SALT ESSENTIALS WELLNESS INC.	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20
	- - 113 . - 1
C. Enter new mailing address, if applicable:	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	<u> </u>
	200
D. If amending the registered agent and/or registered office ad-	drace in Florida, antar the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N/A	
(Florida s	treet address)
New Registered Office Address:	, Florida
new Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
	D. C.
Signature of New 1	Registered Agent, if changing
And the second s	

Check if applicable

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

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.

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)	Title	Name	<u>Addreş</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Pamaya			

N/A	additional sheets, if necessary).	(Be specific)	
			<u>-</u> .

	-		
	endment provides for an excl	lange, reclassification, or cancellatindment if not contained in the ame	on of issued shares,
. <u>If an am</u>	not applicable, indicate N/A)	nument if not contained in the ame	nument usen.
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provisi (if)	The approximation of the second of the secon		

date this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Dep	ek does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were adoptaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
☐ The amendment(s) was/were appromust be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
,	(voting group)
Dated	J. J. J.
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
ŀ	CAREN L. KOCH
••	(Typed or printed name of person signing)
E	PRESIDENTA
-	(Title of person signing)