P200000 35199

| (Requestor's Name) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (4) |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (Coomerce of the Cooperation of |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



900346078629

06/23/20--01013--064 **52.50 RECENTED

JUN 2 2 200

2020 JETT 22 MJ 9: 21

Amendicus

AUG U 7 ZUZU I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | ITION: Ethos BODY | Health And Vitaliti | y Inc |
|------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| DOCUMENT NUMBE | r: <u>4200000 35199</u> | | · |
| The enclosed Articles of | f <i>Amendment</i> and fee are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| í | Docstana Patel | | |
| _ | DOUGHT AC LOUGH | Name of Contact Persor | ì |
| - | Ethne Rid. World | and Whalith The | |
| - | Ethos Body Heath | Firm/ Company | <u> </u> |
| 4 | TRE INC Highway | 9 North Suite III | \(\a\) |
| | 5735 US Highway 1 | Address | <u> </u> |
| , | Now that Richer . | zl. 24452 | |
| ••• | New Port Ridney, 3 | City/ State and Zip Code | e |
| | 1- 1100 | -\ | |
| _ | depote 1820 am | AVI. (OV) sed for future annual report | notification) |
| | D'indir address, (a) ear a. | ica for radic amula report | noangatoar) |
| For further information | concerning this matter, pleas | se call: | |
| | , | | |
| Darshana Pat | <u>a</u> | a _t (| 1 815-5662 |
| Name of | Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for t | the following amount made | payable to the Florida Depa | artment of State: |
| □ \$35 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| Ethus Body Health Add Vitality The | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| (Name of Corporation as current | ly filed with the Florida Dept. of State) |
| P200000 35/a9 | |
| (Document Number o | of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| NIA | 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: | NA |
| (Principal office address MUST BE A STREET ADDRESS) | 2021 |
| | |
| | |
| C. Enter new mailing address, if applicable: | 10 |
| (Mailing address MAY BE A POST OFFICE BOX) | NA E |
| | <u>, </u> |
| | - |
| D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent Dacource Parel | <u>s:</u> |
| | |
| 5135 us Highu (Florida so | reel uddress) |
| New Registered Office Address: New PSA Rich | NO . Florida 34652 |
| Hen Registered Office Analess. (1909) | (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 Is | Registered Agent, if changing |
| Check if applicable | a army villaria |

☐ 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 | PT | <u>John Doe</u> | . 1 | | |
|----------------------------|--------------|-----------------|--------------------|-----------------|---|
| X Remove | <u>V</u> | Mike Jones | $u _{\mathcal{B}}$ | | |
| X Add | <u>sv</u> | Sally Smith | | | |
| Type of Action (Check One) | <u>Title</u> | Name | | <u>Addres</u> s | |
| 1) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove 3) Change | | <u> </u> | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | _ |
| 5) Change | | | | <u>.</u> | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | · |
| Add | | | | | |
| Remove | | | | | |

| | adding additional A al sheets, if necessary | v). (Be specific) | | | |
|------------------|------------------------------------------------|---------------------------------------|---------------------|---------------------|-------------|
| AVY | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · · · | |
| | | | | | |
| | | | <u> </u> | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | <u> </u> | | |
| | | | | | |
| ••• | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| f an amendmer | nt provides for an e | xchange, reclassific | cation, or cancella | tion of issued shar | es. |
| provisions for i | implementing the a icable, indicate N/A) | mendment if not co | ontained in the am | endment itself: | |
| | | , | | | |
| 1/B | <u>;</u> | | - | | |
| -1 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

.

.

| The date of each amendment(s) adoption: (10 12-2020) | , if other than the |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| date this document was signed. | |
| Effective date if applicable: 06-20-2020 | |
| (no more than 90 days after amend | ment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records. | g requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the incorporators, or board of directors vaction was not required. | vithout shareholder action and shareholder |
| The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval. | rast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on | |
| "The number of votes cast for the amendment(s) was/were sufficient for app | proval |
| by | •• |
| (voting group) | |
| Signature (By a director, president or other officer – if directors or selected, by an incorporator – if in the hands of a receive appointed fiduciary by that fiduciary) Dama Parel (Typed or printed name of person sig | er, trustee, or other court |
| (Typed or printed name of person sig | ning) |
| President | |
| (Title of person signing) | |