P21000024898

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: International Wellr	ness and Regenerative Heal	th Clinic, Inc.
	MBER: P21000024898		
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Albert Meyer		
		Name of Contact Persor	1
	Law Office of Al Meyer, PA		
		Firm/ Company	
	55 S.E. 2nd Ave., 1st Floor		
		Address	
	Delray Beach, FL 33444		
	-	City/ State and Zip Code	
	al@almeyerlaw.com		
	· •	sed for future annual report	notification)
For further informat Albert Meyer	ion concerning this matter, plea	se call: at (398-0634
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	tailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

International Wellness and Regenerative Health Clinic, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P21000024898 (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: 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: (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	PSTD	Eddie Murgasen	1701 Park Center Dr., Suite 200-A	
Add			Orlando, FL 32385	
2) Change	PSTD	Jana Lampe	1701 Park Center Dr., Suite 200-A	
x Add			Orlando, FL 32385	
Remove 3) Change				
Add				
Remove 4) Change				
Add				
Remove 5) Change				
Add				
Remove				
6) Change		_ 		
Add				
Remove				

<u>It ameno</u> Attach <i>a</i>	ding or adding addit additional sheets, if no	tional Articles, enter ecessary). (Be spec	<u>change(s) here</u> : <i>ific)</i>			
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provisi	ons for implementin	or an exchange, recl og the amendment if	not contained in	cancellation of is: n the amendment	sued snares. t itself:	
(<i>if</i>	not applicable, indica	ate N/A)				
			-			
	·					
		-				

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
•	
Effective date if applicable: (no more than 90 d	ays after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	le statutory filing 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 boa action was not required.	rd of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The nu by the shareholders was/were sufficient for approval.	imber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders throug must be separately provided for each voting group entitled to vot	
"The number of votes cast for the amendment(s) was/were s	sufficient for approval
by	<u> </u>
(voting group)	
Dated	
Signature	
(By a director, president or other officer	- if directors or officers have not been ands of a receiver, trustee, or other court
(Typed or printed nar	lurgaser
(Typed or printed nar	ne of person signing)
Pacs.	
(Title of person signi	ng)