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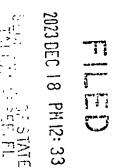
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: South Brevard Massage and Hypnotherapy, Inc	
DOCUMENT NUMBER: P22000 33229	-
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Rebecca Freehill Name of Contact Person	
South Brevard Massage and Hypnotherupy, Inc	:
1300 Pinetree Dr. Saik 9	
Address Milian Harbor Black, FL 32939 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rebacca Freehill at (321) 345-7/24 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee & \Bigcup \\$643.75 Filing Fe	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of

South Brevaid Massage and Hu	protherapy Inc FILED
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P 22 0000 33 229	2023 DEC 18 PH 12: 33
(Document Number	of Corporation (if known) SECRETARY
Pursuant to the provisions of section 607.1006, Florida Statutes, thi 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:	
Transformational Healing of E	Srevard, 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	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1300 Pinetree Dr
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 9
	Indian Harbour Beach 32937
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1300 Pinetree Or
	Saite 9
	Indian Harbour Boach 32937
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida(Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	nt: r with and accept the obligations of the position.
Thereo, accept the appointment as regulared agent. I am jumilia	
Signature of New	Registered Agent, if changing
	D

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.

<u>X</u> Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Salt	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEU	Rebecca Frechill	251 District St SE
Add			Palm Bay, FL 32909
Remove			
2) Change	TSD	Rebecca Freehill	251 District St SE
X. Add			Palm Bay, FL 32909
Remove 3) Change		Andrew Wilson	251 District SISE
Add			Palm Bay, Fl 32409
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Andrew Wilson to own 10% of company.
30 New Ownership: Rebecca Freehill 90% Andrew Wilson 10%
Milla Wilson 1010
I'm a small business doing this muself. Please
call me if I am missing something or am
doing this wrong.
Rebecca Freehill 321-345-7124
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A) Andrew IN South
Brevant Massage and Hypnotherapy Inc soon to be
Transformational Healing of Brevard, Inc. In exchange
I am giving him 10% owner in the company.

The date of each amendment(s) adoption: December 2023, if other than the date this document was signed.
Effective date if applicable: ANULY 1 2021 Ino more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
Dated 12-12-2023
Signature Alle Medical Medical Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President
(Title of person signing)