P23000010990

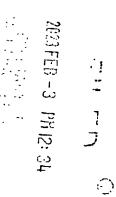
(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	APR - 7 2023

Office Use Only



000401143160

02/03/23--01008--006 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BELLEAIR HOLI	STIC HEALTHCARE, IN	C.		
DOCUMENT NUM	BER: P23000006990				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	NEVEAUX, SHYLER, D.O.	М			
		Name of Contact Person	1		
	BELLEAIR HOLISTIC HEALTHCARE, INC.				
		Firm/ Company			
	2840 West Bay Drive Box 26	50			
		Address			
	Belleair Bluffs, FL 33770				
		City/ State and Zip Code	e		
		.1			
	belleairholistichealthcare@gi	man.com sed for future annual report	notification)		
	E-mail address, (to be us	sed for fatare annual report	nonteation		
For further information	n concerning this matter, pleas	se call:			
NEVEAUX, SHYLE	R. D.O.M	at / 727	422-1334		
Name of Contact Person		Area Co) 422-1334 de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, 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

BELLEAIR HOLISTIC HEALTHCARE, INC.	ly filed with the Florida Dent of State) 777 12: 21
(Name of Corporation as current	ly filed with the Florida Dept. of State) 17712: 34
P23000006990	"我们就没有。"
(Document Number of	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)
A. If amending name, enter the new name of the corporation:	
	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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	12800 Indran Rocks Rd1 Largo, FL 33774
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2840 West Bay Drive Box 260
	Belleair Bluffs, FL 33770
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida si	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: 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)

Example:

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>	<u>John Do</u>	<u>ie</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		NAMES
Add				
Remove				
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)			
		<u> </u>		
				
	- 12			<u>.</u>
		<u> </u>		
				<u> </u>
<u></u>				
				•
				
				<u>_</u> .
f an amendment provides for an exc	hange, reclassificat	ion, or cancellation	of issued shares,	
provisions for implementing the amo	endment if not cont	ained in the amend	Iment itself:	
(if not applicable, indicate N/A)				
			· -	
		+		
				<u></u>

The date of each amendment(s) add 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	ck does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and si	hareholder
☐ 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 for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
Dated 01/31/2023 Signature	Show Alexand	_
(By a-dir selected,	by an incurrence of the fiduciary)	
1	NEVEAUX, SHYLER, D.O.M.	
	(Typed or printed name of person signing)	
<u>i</u>	President	
	(Title of person signing)	