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SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORE	PORATION:	Wealth	of Hea	th Ins	titute, P	aula k	Koger, Inc.	
DOCUMENT NU	ENT NUMBER:			P98000018423				
The enclosed Artic	les of Amendme	nt and fee are	submitte	ed for fil	ling.			
Please return all co	rrespondence cor	ncerning this	matter to	the foll	owing:			
			David C					
		Nan	ne of Cont	act Person	n			
	We	aith of Heal	th Cente	r, Paul	a Koger,	Inc.		
			Firm/ Con	npany				
	3305 Ramblewood Dr. North							
•		·	Addre	SS			<del></del>	
		Saras	ota, Flo	rida 34	237			
•		City	/ State and	Zip Cod	e			
	F-mail addre	daivdckog	ger@gm	ail.com	) Port notifics	ution)		
	13-11mm augus	ass. (to be asea i	or ratare a	ингийг төр	or nounce			
For further informa	ation concerning	this matter, pl	lease call	:				
	Oavid C Koger of Contact Person		at (_	813	_)	478	8-9758	
Name	of Contact Person			Area Co	de & Dayti	me Telep	ohone Number	
Enclosed is a checl	c for the followin	g amount mad	de payab	le to the	Florida l	Departn	nent of State:	
☑ \$35 Filing Fee	S43.75 Filing Certificate of	•	Cer	.75 Filing tified Cop ditional c			□ \$52.50 Filing Fee Certificate of Stat Certified Copy (Additional Copy	us
Mailing Address Amendment Section				t Addre				

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

Wealth of Health Institute, Paula Koger, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adepts the following

Wealth of Health	n Center, Paula Koger, Inc.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE)</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
D. If amending the registered agent and/or new registered agent and/or the new reg		enter the name of the
		enter the name of the
new registered agent and/or the new reg		enter the name of the
new registered agent and/or the new reg	istered office address:  (Florida street address)	enter the name of the
Name of New Registered Agent:	istered office address:	

	a title, name, and address of e	each Officer and/or Director being	officer/director being added:
(	tional sheets, if necessary)		
Title . '	<u>Name</u>	<u>Address</u>	Type of Action
	484764 ABPA BANK WALLERY OF ALL BANK ALL BANK AND		
· · ·			
			Remove
F Ifamend	ling or adding additional Artic	cles enter change(s) hero	
	lditional sheets, if necessary).		
	<del> </del>		
E If an are			
		hange, reclassification, or cancellated	
provisio		hange, reclassification, or cancellat adment if not contained in the ame	
provisio	ns for implementing the amer		
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The date of each amendmen	t(s) adoption: January 4, 2010
Effective date <u>if applicable</u> :	January 4, 2010 (date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
• •	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	124/10
Signature_	Laula For
	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator — if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Paula Bess Koger
	(Typed or printed name of person signing)
	President
	(Title of person signing)