

P990000 31425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

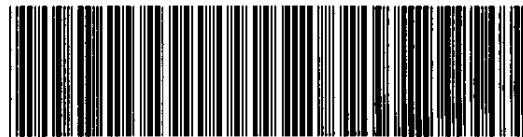
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/01/10--01017--015 **35.00

FILED
10 NOV 16 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

NOV 16 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOUR HEALTH, INC.
(Name of Corporation)

DOCUMENT NUMBER: P99000031425

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONEL EXTRAMIL

(Name of Person)

(Name of Firm/Company)

1225 SW 99 CT

(Address)

MIAMI FL 33174 US

(City/State and Zip Code)

For further information concerning this matter, please call:

LEONEL EXTRAMIL

(Name of Person)

at (305) 299-9129

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

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

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2010

LEONEL EXTRAMIL
1225 SW 99 CT
MIAMI, FL 33174

SUBJECT: FOUR HEALTH, INC.
Ref. Number: P99000031425

We have received your document for FOUR HEALTH, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

As discussed by phone today, I am sending your 3 resignations back to you and am waiting on the amendment form to make the changes for you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 010A00025971

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FOUR HEALTH, INC.

DOCUMENT NUMBER: P99000031425

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONEL EXTRAMIL

Name of Contact Person

Firm/ Company

1225 SW 99 CT

Address

MIAMI FL 33174

City/ State and Zip Code

FOURHEALTH1075@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEO EXTRAMIL

Name of Contact Person

at (305)

299-9129

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

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

Street Address

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



11/5/10

To: Division of Corporations
Amendment Section

Attn: Cheryl Coulliette

Please replace previously sent Amendment Section with the attached Articles of Amendment documentation.

Thanks,


Leo Extramil

RECEIVED
10 NOV 10 11:18 AM
SECRETARY
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

FOUR HEALTH, INC

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

P99000031425

(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:

The new 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:

New Registered Office Address:

(Florida street address)

_____, Florida
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OFFIC	BENITO EXTRAMIL	1235 SW 99 CT MIAMI FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
OFFIC	KAYCE M EXTRAMIL	1225 SW 99 CT MIAMI FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
OFFIC	LEONEL EXTRAMIL III	1225 SW 99 CT MIAMI FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: 10/27/2010

Effective date if applicable: 10/27/2010 *(date of adoption is required)*
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/27/2010

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)

LEONEL EXTRAMIL

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)