701448

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	Bert Fish Medical Ce ON:	nter Auxiliary, Inc.		
DOCUMENT NUMBER: .	701448			
			_	
The enclosed Articles of Am	endment and fee are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter	r to the following:		
Janet Summey				
		(Name of Contact Pers	son)	
Bert Fish Medical Center At	axiliary, Inc.			
		(Firm/ Company)		
401 Palmetto St., Mail Box	≑S			
		(Address)		
New Smyrna Beach, FL 32	168			
	-	(City/ State and Zip Co	ode)	
stephen.kenney@ahss.org				
E	-mail address: (to be used	for future annual repo	rt notification	1)
For further information conc	erning this matter, please o	rall:		
Janet L. Summey		at	205	612-2571
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	ollowing amount made pay	yable to the Florida De	partment of S	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee scate of Status led Copy tional Copy is used)
Mailing Address		Stre	et Address	

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 to Articles of Incorporation of

Bert Fish Medical Center Auxiliary, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 701448 (Document Number of Corporation (if known) Pursuant to the provisions of section 617,1006. Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/Aname must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: N/A Florida 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

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.

Example: X Change X Remove X Add	\underline{V} \underline{M}	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Т	Janet 1 Summey	401 Palmetto St., Mail Box #8
XAdd			New Smyrna Beach, FL 32168
Remove			
2) Change	Т	Robert Snyder	401 Palmetto St., Mail Box #8
Add			New Smyrna Beach, FL 32168
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			- THE THE
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:					
(attach additional sheets, if necessary). (Be specific)					
N/A					
_					
	.				
-					

The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blodocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendment(s).	
■ There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/were rs.	
Dated 11/27/18		
Signature	ejshin Ko	
have not bec	nan or vice chairman of the board, president or other officer-if directors in selected, by an incorporator – if in the Hands of a receiver, trustee, or ppointed fiduciary by that fiduciary)	
Stephen I	Kenney	
	(Typed or printed name of person signing)	
President		
	(Title of person signing)	