716049

(Re	equestor's Name)
(Ad	ldress)
(A.	Managa
(Ac	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.
F. D.	Office Use Only



600263715046

09/15/14--01049--004 **35.00

TALLAHASSEE, FLORID



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: Holmes R	egional Me	dical Center, Inc.			
DOCUMENT NUMBER: 716049					
The enclosed Articles of Amendment and fee are subn	nitted for filing.				
Please return all correspondence concerning this matte	Please return all correspondence concerning this matter to the following:				
Kim Nowakowski					
	(Name of Contact Person	n)			
Health First, Inc.					
	(Firm/ Company)				
6450 US Highway 1					
	(Address)				
Rockledge FL 32955					
	(City/ State and Zip Cod	e)			
kimberly.nowako	wski@hea	lth-first.org			
E-mail address: (to be used	for future annual report	notification)			
For further information concerning this matter, please	call:				
Kim Nowakowski	_{at (} 321	434-4378			
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:			
■ \$35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 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	Amend	Address Iment Section on of Corporations			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Holmes Regional Medical Center, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
716049	
(Document Number of Corporation (if known)	·
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts amendment(s) to its Articles of Incorporation:	the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp "Company" or "Co." may not be used in the name.	." or "Inc."
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:	
(Florida street address)	TAS 7
New Registered Office Address:	LLA FCH SI
	Ode)SA
· ·	SE SE
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	PH I:
Signature of New Registered Agent, if changing	85- 86-

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	<u>V</u> <u>Mik</u>	n Doe e Jones y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P-PBH	William Calhoun	1350 S. Hickory Street
X Add			Melbourne, FL 32901
Remove			
2) X Change	<u>V</u>	James Stuart Mitchell III	6450 US Highway 1
Add			Rockledge, FL 32955
Remove			
3) Change			
Add			- Mary
Remove			
4) Change			
Add			
Remove			-
5) Change	The state of the s		
Add			
Remove			······
6) Change			
Add			
Remove			

L. If amending or adding additional Art (attach additional sheets, if necessary).	(Parmagica)
(attach additional sheets, if necessary).	(Be specific)
•	
·	
· · · · · · · · · · · · · · · · · ·	
•	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
- · · ·	
	<u></u>
	, m. m. m. m.

The date of each amendmen		, if other than the
date this document was signed. Effective date if applicable: October 1, 2014		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) pproval.	
There are no members or adopted by the board of	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated Se	ptember 2, 2014	
Signature	(hw) 2 Matte	<u>.</u>
	e chairman or vice chairman of the board, president or other officer-if directors	
	not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
David	E. Mathias	
	(Typed or printed name of person signing)	
Assista	ant Secretary	
 	(Title of person signing)	