

F15000001720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

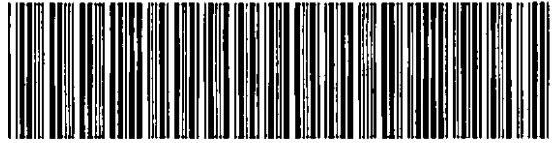
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4/12/21

Office Use Only



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02/01/21--01012--026 **35.00

6/21 APR 12 PM 12:42
SECRETARY OF STATE
VALERIE L. LEAPH

4/12/21

4/29/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 APR 12 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FL

March 19, 2021

KATHRYN PICKETT
1959 PALOMAR OAKS WAY
SUITE 300
CARLSBAD, CA 92011

SUBJECT: COMMUNITY HEALTH CHARITIES, INC.
Ref. Number: F15000001720

We have received your document 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):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

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) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 521A00005825

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMMUNITY HEALTH CHARITIES, INC.

Name of Corporation

DOCUMENT NUMBER: F15000001720

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHRYN PICKETT

Name of Contact Person

LABYRINTH, INC.

Firm/Company

1959 PALOMAR OAKS WAY, SUITE 300

Address

CARLSBAD, CA 92011

City/State and Zip Code

KATHY@LABYRINTHINC.COM

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

For further information concerning this matter, please call:

KATHRYN PICKETT

Name of Contact Person

760 931-2620 X-214

at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35.00 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**NOT FOR PROFIT CORPORATION
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**
(Pursuant to s. 617.1504, F.S.)

2021 APR 12 PM 12:42

**SECTION I
(1-3 MUST BE COMPLETED)**

SECRETARY OF STATE
TALLAHASSEE, FL

F15000001720

(Document Number of Corporation (If known))

1. COMMUNITY HEALTH CHARITIES, INC.
(Name of corporation as it appears on the records of the Department of State)

2. DISTRICT OF COLUMBIA 3. 04/23/2015
(Incorporated under laws of) (Date authorized to conduct affairs in Florida)

SECTION II

(4-8 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 10/07/2020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. CHC: CREATING HEALTHIER COMMUNITIES, INC.
(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

_____ (New duration) _____ (Date)

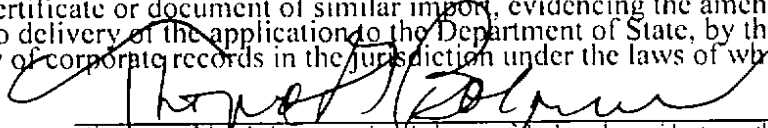
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

_____ (New jurisdiction) _____ (Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose.

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of the chairman or vice chairman of the board, president, or other officer - if in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

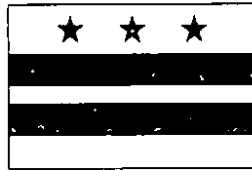
THOMAS G. BOGNANNO

(Typed or printed name of the person signing)

PRESIDENT

(Title of person signing)

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this *CERTIFICATE OF GOOD STANDING* is hereby issued to

CHC: CREATING HEALTHIER COMMUNITIES

WE FURTHER CERTIFY that the domestic entity is formed under the law of the District on 01/30/1985 ; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 3/2/2021 2:52 PM

Business and Professional Licensing Administration



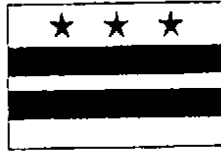
Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: YqS7opc9

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



CERTIFICATE

THIS IS TO CERTIFY that the attached is a true and correct copy of the documents for this entity as shown by the records of this office.

CHC: CREATING HEALTHIER COMMUNITIES

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 11/11/2020 6:57 AM

Business and Professional Licensing Administration



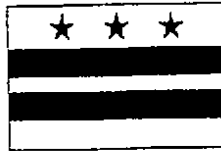
Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: YLEJsRRT

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



CERTIFICATE

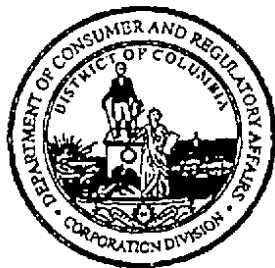
THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code have been complied with and accordingly, this *CERTIFICATE OF AMENDMENT* is hereby issued to:

CHC: CREATING HEALTHIER COMMUNITIES

Effective Date: 10/7/2020

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 10/15/2020 10:26 AM

Business and Professional Licensing Administration



Josef G. Gasimov

JOSEF G. GASIMOV
Superintendent of Corporations,
Corporations Division

Muriel Bowser
Mayor

Tracking #: 5SmP6mBv



DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS
District of Columbia Government
Corporations Division

Articles of Amendment of Domestic Nonprofit Corporation
Form DNP-2, Version 3, April 2013

Under the provisions of the Title 29 of D.C. Code (Business Organizations Act), the domestic filing entity listed below hereby applies for a Certificate of Amendment and for that purpose submits the statement below.

1. Corporation Name.
CHC: CREATING HEALTHIER COMMUNITIES

2. The text of each amendment adopted.

FIRST: The name of the corporation is changed:

FROM: COMMUNITY HEALTH CHARITIES

TO: CHC: CREATING HEALTHIER COMMUNITIES.

3. If the amendment provides for an exchange, reclassification, or cancellation of memberships, provisions for implementing the amendment.

4. The date of each amendment's adoption.
9/3/2020 12:00:00 AM

5. Amendment has been adopted in the following manner.
The amendment was duly approved by the incorporators or by the board of directors, as the case may be, and that shareholder approval was not required.

If you sign this form you agree that anyone who makes a false statement can be punished by criminal penalties of a fine up to \$1000, imprisonment up to 180 days, or both, under DCOC § 22-2405.

Name of the Governor or Authorized Person	Date	Signature
Bognanno G. Thomas	10/15/2020 10:26:17 AM	ESIGNED
Molly Gravholt	10/15/2020 10:26:17 AM	

Mail all forms and required payment to:
Department of Consumer and Regulatory Affairs
Corporations Division
PO Box 92300
Washington, DC 20090
Phone: (202) 442-4400

Corporate Online Services Information:
Many corporate filings are available by using CorpOnline Service. Go to CorpOnline site at <https://corp.dera.dc.gov>, create a profile, access the online services main page and proceed. Online filers must pay by using a credit card.