

NI 000012078

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
OF MASSACHUSETTS

SEP 15 2017

T. LEMUEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:

The Holistic Plan of Care

DOCUMENT NUMBER:

N16 000012078

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

Please return all correspondence concerning this matter to the following:

Dr. Barbara Thomas-Reddick

(Name of Contact Person)

The Holistic Plan of Care

(Firm/ Company)

1155 North Jefferson Street

(Address)

Monticello, FL 32344

(City/ State and Zip Code)

DrBarbaraReddick@gmail.com

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

For further information concerning this matter, please call:

Dr. B. Reddick

(Name of Contact Person)

at

(850) 559-4016

(Area Code) (Daytime Telephone Number)

692-1206
1206

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

The Holistic Plan of Care, Inc.

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

N16000012078

(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:

The new name 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.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1155 North Jefferson St.
Monticello, FL 32344

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1155 North Jefferson St.
Monticello, FL 32344

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:

(City)

Florida

(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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CLERK OF DISTRICT COURT
JACKSONVILLE, 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)

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|------------|-------------------------------|---|
| 1) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>CEO</u> | <u>Barbara Thomas Reddick</u> | <u>50 Mission Trail</u>
<u>Monticello, FL 32344</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>P</u> | <u>Alex Koonce</u> | <u>50 Mission Trail</u>
<u>Monticello, FL 32344</u> |
| 3) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>V</u> | <u>Annette Johnson</u> | |
| 4) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>Dr. Alfredo Nova</u> | <u>1634 N. Plaza Drive</u>
<u>Tallahassee, FL 32308</u> |
| 5) <input checked="" type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>CFO</u> | <u>Monique Colson</u> | <u>50 Mission Trail</u>
<u>Monticello, FL 32344</u> |
| 6) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>V</u> | <u>Dr. Vivian Ryster</u> | <u>1155 N. Jefferson St.</u>
<u>Monticello, FL 32344</u> |

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

To give assistance to the loss and forgotten. To treat the whole person with dignity & respect and in doing so, supporting in their efforts to get order & reclaim their lives, one individual, one family, one community at a time. We will serve & provide counselling, substance abuse treatment outpatient and inpatient, domestic violence, anger management, life skills, and education through degree status undergraduate, graduate and doctoral status. In addition, we will serve and provide transitional services to include housing and support services.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.


Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

9-15-17

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Barbara Thomas-Reddick

(Typed or printed name of person signing)

CEO

(Title of person signing)

N16000012078

To Whom It May Concern:

Please be advised that I am requesting a change of principle address to:

113 South Monroe Street; 112

Tallahassee, FL 32301

850-201-7105

#N16000012078

The business name is The Holistic Plan of Care, Inc.

My name is Barbara Thomas Reddick

Mailing Address is:

50 Mission Trail

Monticello, FL 32344

My contact number is 850-404-3139

Barbara Thomas Reddick