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LEGNELS OF STATE
TALLAHASSEE, FLORIDA

AUG 03 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations Medicare Plans, Ixc P1800 00 37503 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William BRADFORD
Name of Contact Person BRADFORD Health Plans Inc.

Firm/Company

1341 Del Mar Prive

Address Kissimmee, FL 34759 City/ State and Zip Code Web cpa 77 (a) g mail, com E-mail address: (to be used for fedure annual report notification) For further information concerning this matter, please call: William PRADFORD at (863), 427-1504
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 Eiling Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee Conflicate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment

Articles of Incorp	poration
MedicaRe Plan	ns, Inc.
(Name of Corporation as currently fi	
P 1800 00 3	7503
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
BRADFORD Health Plan	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.2"	". A professional corporation name must contain the
word charterea, projessional association, or the appreviation 12.2	
B. Enter new principal office address, if applicable:	1341 De/Mar Vrive
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Kissinimer, FL 34759
	Fo
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	를 하는 'm
, 	SS Q
D. If amounting the registered egent and/or registered office address.	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	Sin Provida, enter the name opene.
Name of New Registered Agent	
(Florida street	uddress)
New Registered Office Address:	Florida
	ity) (Zip Code)
•	
Van Basistand America Cinestan Wilder C. B. J. A. J. S.	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.
	6 7 12 F 13 11 11

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	<u>PT</u>	John Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change					
Add		_		•	
Remove				•	
3) Change				,	
Add		_			
Remove					
0 (0)					
4) Change		<u></u>		•	
Add Remove					
Kenkve					
5) Change					
Add					
Кепюче					<u> </u>
6) Change		_		_	
Add					
Remove					-

	(Be specific)
· · · · ·	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the ame</u>	endment if not contained in the amendment itself:
(if`not applicable, indicate N/A)	
	·

The date of each amendment(s) adoption: July 27, 1977 2018, if other than the date this document was signed.
date this document was signed.
Effective date if applicable: 7/8-7/48 20/8
(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 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
☐ 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
Dated 7/27/44 20/8
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)
William BRADFORD (Typed or printed name of person signing)
President
(Title of person signing)