

P15000004775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/20/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Net Health Affiliates Inc
Name of Corporation

DOCUMENT NUMBER: P1500000 4775

Please return all correspondence concerning this matter to the following:

Lisa Hubert
Name of Contact Person

Net Health Affiliates Inc
Firm/Company

8520 US Hwy 1 G-7
Address

Mico FL 32976
City/State and Zip Code

Lisa61859@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Hubert at 954 240-0129
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

LISA HUBERT
8520 US HWY 1 G-7
MICCO, FL 32976

SUBJECT: NET HEALTH AFFILIATES, INC.
Ref. Number: P15000004775

We have received your document for NET HEALTH AFFILIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 616A00010555



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2016

LISA HUBERT
8520 US HWY 1 G-7
MICCO, FL 32976

SUBJECT: NET HEALTH AFFILIATES, INC.
Ref. Number: P15000004775

We have received your document for NET HEALTH AFFILIATES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

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.

Carol Mustain
Regulatory Specialist II

Letter Number: 616A00010555

Articles of Amendment
to
Articles of Incorporation
of

850 245 6897
auth:
Carol

✓ Nat Health Affiliates, Inc.

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

P1500000 4775

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

New Registered Office Address: _____, Florida _____
(City) (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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change _____ Kevin Sant 10530 NW 29 St
☐ Add _____ _____ Sunrise FL 33313

☒ Remove

2) ☐ Change D Kareem McLean 18428 NW 9 Ct
☒ Add _____ _____ Pembroke Pines FL
☐ Remove _____ _____ 33089

3) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____

4) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____

5) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____

6) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

[illegible]

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 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 _____."
(voting group)

- ☐ 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 action was not required.

Dated 06-20-16

Signature

Lisa R Hubert
(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)

Lisa R Hubert
(Typed or printed name of person signing)

owner
(Title of person signing)