696364

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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Holmes Regional E	nterprises, Inc.	
DOCUMENT NUMB			
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oondence concerning this mat	tter to the following:	
-	Fracy G. Cummings		
_		Name of Contact Persor	l
i	Health First, Inc.		
_	- .	Firm/ Company	
3	3300 Fiske Boulevard, Bldg.	В	
-		Address	
1	Rockledge, FL 32955		
-		City/ State and Zip Code	
t	racy.cummings@hf.org		
-	E-mail address: (to be us	ed for future annual report	notification)
	concerning this matter, pleas		474 6646
Tracy G. Cummings	<u> </u>	at (434-6646
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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	

Articles of Amendment to Articles of Incorporation of

Holmes Regional Enterprises, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 696364 (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: 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) 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: (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	VT	Joseph G. Felkner	6450 US Hwy 1	
Add			Rockledge, FL 32955	
X Remove	VT	Michael A. Scialdone	6450 US Hwy 1	
2) Change		- Scialdolic		
X Add			Rockledge, FL 32955	
Remove Change				
Add				
Remove				
4) Change			····	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:	January 8, 2020 (no more than 90 days after amendment)	
	(no more than 90 days after amendment)	file date)
Note: If the date inserted in this bedocument's effective date on the D	plock does not meet the applicable statutory filing requepartment of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors withou	it shareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast fo afficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	l
by		."
,	(voting group)	
Dated	3/18/2020	
Signature	MMMM/	
	irector, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, tru	
, , , , , , , , , , , , , , , , , , ,	ted fiduciary by that fiduciary)	
,	Nicholas W. Romanello	
	(Typed or printed name of person signing)	
	Assistant Secretary	
	(Title of person signing)	