## 696364

	Requestor's Name)				
(	Address)				
	Address)				
	City/State/Zip/Phone #)				
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Holmes Regional I	Enterprises, Inc.	
DOCUMENT NUMI			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	itter to the following:	
	Tracy G. Cummings		
		Name of Contact Person	1
	Health First Shared Services,	Inc.	
		Firm/ Company	
	6450 US Highway 1		
		Address	
	Rockledge, FL 32955		
	·	City/ State and Zip Code	<u> </u>
	tracy.cummings@hf.org	- 4 C - C	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, plea	se call:	
Tracy G. Cummings		at ( <sup>321</sup>	434-4182
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r 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)
	ling Address		Address
	endment Section		ment Section n of Corporations
	sion of Corporations  Box 6327		n of Corporations entre of Tallahassee
	shassee, FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

	of	
Holmes Regional Enterprises, Inc.		
(Name of Corporation as curren	atly filed with the Florida Dept. of St	ate)
696364		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the	ne following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name m	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
		· · · · · · · · · · · · · · · · · · ·
		<del></del>
C. Enter new mailing address, if applicable:	N/A	د.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		(۲)
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		<u>ne</u>
N/A Name of New Registered Agent		
Hume of New Registered Agent		
(Florida :	street address)	
	,	1_
New Registered Office Address:	(City), Florid	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.		position.
agent in appointment as regulared agent. I am jumina	with weeps me congunous of me	, poutton

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)

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 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	D	Steven P. Johnson	6450 US Highway 1
X Add			Rockledge, FL 32955
Remove			
2) Change	D	T. Kent Smith	6450 US Highway 1
X Add			Rockledge, FL 32955
Remove 3) X Change	vc	Brett Esrock	6450 US Highway 1
Add	-		Rockledge, FL 32955
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sh	ing additional Artic eets, if necessary).	(Be specific)	<u> </u>		
I/A					
	-	-			
				<del></del>	
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					102
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			n		
If an amendment provisions for imp	rovides for an excha lementing the amen	nge, reclassification	n, or cancellation ( ned in the amenda	or issued snares, nent itself:	
(if not applicab	le, indicate N/A)				
/A					
				<u> </u>	
·					

rene a company	3 4/3 1	August 20, 2020			(C. 41) 45 41
date this document		option:		<del></del>	_, if other than t
date uns document	_	st 20, 2020			
Effective date <u>if ap</u>					
		(no more tha	n 90 days after amendmen	file date)	<u> </u>
		ock does not meet the appartment of State's record	olicable statutory filing re	quirements, this date will	not be listed as t
Adoption of Amen	dment(s)	(CHECK ONE)			
☐ The amendment( action was not re	•	oted by the incorporators,	or board of directors withou	ut shareholder action and	shareholder
· · · · · · · · · · · · · · · · · · ·		oted by the shareholders.	The number of votes cast f	or the amendment(s)	
must be separat	ely provided for e	each voting group entitled	through voting groups. The to vote separately on the to	mendment(s):	
"The numb	er of votes cast f	or the amendment(s) was	were sufficient for approve	al	
by		(voting group)			
D	ated t	11/20/2020			
	ignature	MMMM	<u> </u>		
		ector, president or other of	fficer - if directors or officer	ers have not been	<del></del>
			the hands of a receiver, tr		
	appointe	d fiduciary by that fiducia	ıry)		
	1	Nicholas W. Romanello			
	-	(Typed or print	ed name of person signing	)	
	5	Secretary			
	-	(Title of person	signing)		