703565

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2022 JAN -4 AMII: 49

A. RAMSEY JAN 2 7 2022

A. RAMSEY

COVER LETTER

TO: Amendment Section Division of Corporations

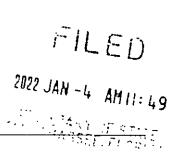
Tallahassee, FL 32314

NAME OF CORPORATION:	olmes Regional Med	lical Center At	exiliary, to		
DOCUMENT NUMBER:					
The enclosed Articles of Amendment and fo	e are submitted for f	iling.			
Please return all correspondence concerning	this matter to the fol	lowing:			
Tracy G. Cummings					
·	(Name of	Contact Person	1)		
Health First Shared Services, Inc.					
	(Firm)	(Company)	,		
6450 U.S. Highway 1					
	(A	ddress)			
Rockledge, FL 32955					
	(City/ State	and Zip Code	:)		
tracy.cummings@hf.org					
E-mail address: (to be used for future	annual report i	iotificatio	n)	-
For further information concerning this matt	er, please call;				
Tracy G. Cummings		321 at		434-4182	
(Name of Conta	ct Person)	(Ar	ea Code)	(Daytime Telephone Number	r)
Enclosed is a check for the following amour	t made payable to th	e Florida Depa	rtment of	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate o	f Status - Certified	Copy nal copy is	Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Divisio	Address ment Sect n of Corpo entre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



James E. Holmes Regional Medical Center Auxiliary, Inc.

(Name of Corporation as currently filed with the Florid	da Dept. of State)
703865	
(Document Nu	imber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Sta amendment(s) to its Articles of Incorporation:	ntutes, this Florida Not For Profit Corporation adopts the following
A. <u>If amending name, enter the new name of the corpo</u> N/A	pration:
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	The new-poration" or "incorporated" or the abbreviation "Corp" or "Inc"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> .	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)	N/A
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered offic	ce address:
Name of New Registered Agent:	N/A
New Registered Office Address:	(l-louda street address)
	Florida
	City) - Elocida - Zip Coder
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
	N/A
	Signature of New Registered Agent, it 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 Doc is listed as the PN1 and Mike Jones is listed as the V-1here is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S-1hese should be noted as John Doc, P1 as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John I V Mike . SV Sally 5	lones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add	DT	Lucille LaVista	1350 South Hickory Street Melbourne, FL 32901
Remove 2) Change Add	<u>DP</u>	Pauline McKeone	
X	<u>DP</u>	Chris Campbell	1350 South Hickory Street Melbourne, FL 32901
4) * Change Add	D. Parlie	Kelly Wilson	1350 South Hickory Street Melbourne, FL 32901
Remove 51 Change Add Remove	<u>DS</u>	Suzanne Knerr	
6) <u>* Change</u> Add	DS	Jama Siblev	1350 South Hickory Street Melbourne, FL 32901
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			

		
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		<u>.</u>
· 		
		
		
		- :
- -		
		
The date of each amendment(s) adoption: date this document was signed.	September 14, 2021	, if other than the
Effective date if applicable:	September 14, 2021	
(ne	o more than 90 days after amendment file date)	<u> </u>
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 was/were sufficient for approval.	the members and the number of votes cast for the amendment(s)	

There are no member adopted by the boar	ers or members emitted to vote on the amendment(s). The amendment(s) was were d of directors.		
Dated _	December 22, 2021 / 1		
Signature _			
ŀ	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)		
Chris Campbell			
(Typed or printed name of person signing)			
	President		
	(Title of person signing)		