754003

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TO: Amendment Section Division of Corporations

NAME OF CORPORATI		pital Foundation, Inc.		
DOCUMENT NUMBER:	754003			
The enclosed Articles of Ar	nendment and fee are sub	mitted for filing.		
Please return all correspond	lence concerning this matt	er to the following:		
Tracy G. Cummings				
<u> </u>		(Name of Contact Pe	rson)	
Health First, Inc.				
	-	(Firm/ Company)	
3300 Fiske Boulevard, Bld	g. B			
		(Address)		
Melbourne, FL 32955				
		(City/ State and Zip C	Code)	
tracy.cummings@hf.org				
 	E-mail address: (to be used	d for future annual rep	ort notification	1)
For further information con	cerning this matter, please	call:		
Tracy G. Cummings		at	321	434-6646
	(Name of Contact Persor		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made p	ayable to the Florida [Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certifi S Certifi (Addii Enclo	D Filing Fee icate of Status ied Copy tional Copy is osed)
3.4 111		C ₂		

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

Cape Canaveral Hospital Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 754003 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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: 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: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add	DP	Joseph G. Felkner	6450 US Highway 1 Rockledge, FL 32955
x Remove			
2) Change Add	<u>DP</u>	Michael A. Scialdone	6450 US Highway 1 Rockledge, FL 32955
Remove 3) Change Add Remove			
4) Change Add			<u> </u>
Remove			<u> </u>
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		icles, enter change(s) here: (Be specific)	
		-	-

		
		
		
		 -
The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
	January 8 2020	
Effective date if applicable:	Tanuary 8, 2020 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	k does not meet the applicable statutory filing requirements, this date will not be artment of State's records.	: listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendment(s)	

	MILLIAN .
(By t	
	he chairman or vice chairman of the board, president or other officer-if directors
	e not been selected, by an incorporator – if in the hands of a receiver, trustee, or
	er court appointed fiduciary by that fiduciary)
١	Vicholas W. Romanello
·	
	(Typed or printed name of person signing)

(Title of person signing)