

N00000003149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

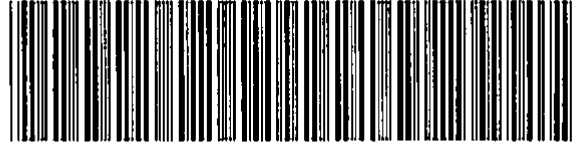
(Document Number)

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Amend  
Name Ch

MAY 26 2020

ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SUNCOAST HEALTH & EDUCATION FOUNDATION, INC.

DOCUMENT NUMBER: N00000003149

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

COLLEEN D'AMARIO - TREASURER

(Name of Contact Person)

SUNCOAST HEALTH & EDUCATION FOUNDATION, INC.

(Firm/ Company)

14000 FIVAY ROAD

(Address)

HUDSON, FLORIDA 34667

(City/ State and Zip Code)

colleen.damario@heahealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COLLEEN D'AMARIO

727

869-5422

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|---|---|--|

**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 4, 2020

COLLEEN D'AMARIO  
14000 FIVAY ROAD  
HUDSON, FL 34667

SUBJECT: SUNCOAST HEALTH AND EDUCATION FOUNDATION, INC.  
Ref. Number: N00000003149

We have received your document for SUNCOAST HEALTH AND EDUCATION FOUNDATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Bylaws are not filed with this office. Please retain them for your records.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 320A00009152

2020 MAY 04 08:56

Articles of Amendment  
to  
Articles of Incorporation  
of

SUNCOAST HEALTH & EDUCATION FOUNDATION, INC.

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

N00000003149

(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:

RMCBP VOLUNTEER ASSOCIATION, INC.

*The new 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)

14000 FIVAY ROAD

HUDSON, FL 34667

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:

DIANE RICCA

14000 FIVAY ROAD

(Florida street address)

New Registered Office Address:

HUDSON

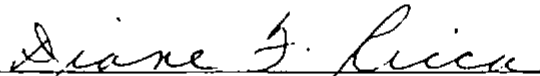
(City)

Florida 34667

(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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>DIANE RICCA</u>	<u>14000 FIVAY ROAD</u> <u>HUDSON, FL 34667</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>COLLEEN D'AMARIO</u>	<u>14000 FIVAY ROAD</u> <u>HUDSON, FL 34667</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>MARY ELLEN YOST</u>	<u>14000 FIVAY ROAD</u> <u>HUDSON, FL 34667</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>JOHN CARDALENA</u>	<u>14000 FIVAY ROAD</u> <u>HUDSON, FL 34667</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>ROSEANN SANTORE</u>	<u>14000 FIVAY ROAD</u> <u>HUDSON, FL 34667</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>OTTO OTTAVIANO</u>	<u>14000 FIVAY ROAD</u> <u>HUDSON, FL 34667</u>

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

[illegible]

The date of each amendment(s) adoption: APRIL 1, 2020, if other than the date this document was signed.

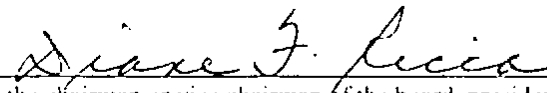
Effective date if applicable: APRIL 1, 2020  
(no more than 90 days after amendment file date)

**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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated APRIL 9, 2020

Signature   
(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)

DIANE RICCA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)