N0700000 4768

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Legacy o	f Care Health Clin	ic, Inc
DOCUMENT NUMBER: No 700000 476	o\u00e4	
The enclosed Articles of Amendment and fee are submit	itted for filing.	
Please return all correspondence concerning this matter	to the following:	
Lolita C. (Name of Co	Massengill ontact Person)	_
Legacy of Cave	Health Clinic, In.	<u>c</u>
4850 Motor	yacht Drive dress)	_
Jacksonville to (City/ State s	Florida 32225 and Zip Code)	_
legacy of cave E-mail address: (to be used f	or future annual report notification)	
For further information concerning this matter, please ca	all:	
Lolita C- Massengill (Name of Contact Person)	at (<u>904</u>) <u>563 - 398</u> (Area Code & Daytime Teleph	19 none Number)
Enclosed is a check for the following amount made pays	able to the Florida Department of State:	
□ \$35 Filing Fee	Certified Copy Certification (Additional copy is enclosed) (Additional copy is enclosed)	62.50 Filing Fee ficate of Status fied Copy litional Copy nclosed)
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	

	· •			
Articles of Amendment to Articles of Incorporation of Legacy of Gave Health Clinic Inc. All Articles of Secretary (Name of Corporation as currently filed with the Florida Dept. of State)				
Legacy of Gave Health Clinic, Inc. ALLARY PH 1:50				
(Name of Corporation as currently filed with the Florida Dept. of State)				
NO7-00000 4768				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporatio	<u>n:</u>			
Legacy of Care Healt	n Center, Inc			
Leavy of Cave Health Center 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)	6665 Banbury Road			
	Jacksonville			
	Florida 32211			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4850 Motor yacht Drive			
	Jacksonville			
	Florida 32225			
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:				

New Registered Office Address:

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

(Florida street address)

(City)

Florida_

(Zip Code)

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)

4

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			(T) 10
E. If amend (attach ad	ling or adding additional Articles, enditional sheets, if necessary). (Be sp	nter change(s) here: pecific)	
			
	481		
			
			······································

The date of each amendment(s) adoption: _	February 25, 2010				
-	(date of adoption is required)				
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)					
Adoption of Amendment(s) (C	HECK ONE)				
The amendment(s) was/were adopted by the was/were sufficient for approval.	ne members and the number of votes cast for the amendment(s)				
There are no members or members entitle adopted by the board of directors.	d to vote on the amendment(s). The amendment(s) was/were				
Dated June 17	2010				
Signature Cylla	C. Manerry !!				
(By the chairman of have not been sele	r vice chairman of the board, president or other officer-if directors cted, by an incorporator – if in the hands of a receiver, trustee, or ed fiduciary by that fiduciary)				
	OLITA C. MASSENGILL				
(1)	yped or printed name of person signing)				
	PRESIDENT/CEO				
	(Title of person signing)				