

N070000010877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

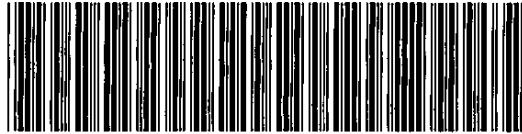
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend  
xcc*

*2/11/08*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Sunshine Health Network, Inc.

**DOCUMENT NUMBER:** N07000010877

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

Please return all correspondence concerning this matter to the following:

Peter Prospero

(Name of Contact Person)

Sunshine Health Network, Inc.

(Firm/ Company)

10390 SW 152 Terrace

(Address)

Miami, FL 33157

(City/ State and Zip Code)

For further information concerning this matter, please call:

Peter Prospero

(Name of Contact Person)

at ( 305 ) 333-4715

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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)

**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**

Sunshine Health Network, Inc.

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

N07000010877

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article I: Name/Registered office: The new location of the registered office is 10390 SW 152 Terrace, Miami, FL 33157

Article V: Board of Directors: The President has a name change. The new name is Lilimay Stokes

Article V: Board of Directors: The Vice-President Peter Prospere's new address is 10390 SW 152 Terrace, Miami, FL 33157

Article V: Board of Directors: The Secretary Charlene Phipps' new address is 10860 SW 154 Street, Miami, FL 33157

Article VII: Registered Agent: The new address of the Registered Agent is 10390 SW 152 Terrace, Miami, FL 33157

Article IX: The Incorporator: The Incorporator has a name change. The new name is Lilimay Stokes

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(Attach additional pages if necessary)  
(continued)

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TALLAHASSEE, FLORIDA

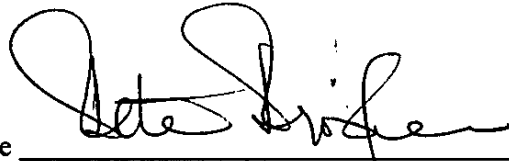
The date of adoption of the amendment(s) was: 2/11/2008

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

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

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.)

Peter Prospere

(Typed or printed name of person signing)

Vice-President

(Title of person signing)

**FILING FEE: \$35**