

NH 0000000229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

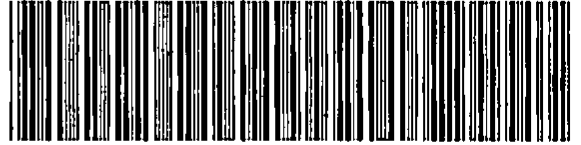
(Document Number)

Certified Copies \_\_\_\_\_

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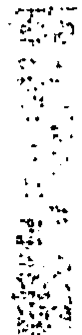
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R. WHITE

MAR 02 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Life Resources Florida Inc

**DOCUMENT NUMBER:** N14000002285

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

Please return all correspondence concerning this matter to the following:

Arlene H Tierce  
(Name of Contact Person)

Life Resources Florida Inc  
(Firm/ Company)

35246 US 19 N #159  
(Address)

Palm Harbor, Florida 34684  
(City/ State and Zip Code)

Arlene@liferesourcesflorida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arlene Tierce 727 846-2050  
(Name of Contact Person) at (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 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

Articles of Amendment  
to  
Articles of Incorporation

FILED

18 MAR -1 PM 2:11

Life Resources Florida Inc

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

(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:

*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)

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:

|                 |           |                    |
|-----------------|-----------|--------------------|
| <u>X</u> Change | <u>PT</u> | <u>John Doe</u>    |
| <u>X</u> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <u>X</u> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One) | <u>Title</u> | <u>Name</u>                | <u>Address</u>                      |
|--------------------------------------|--------------|----------------------------|-------------------------------------|
| 1) <u>    </u> Change                | <u>V</u>     | <u>Dawn P Dooley</u>       | <u>7310 Cantonment Ct</u>           |
| <u>    </u> Add                      |              |                            | <u>Anchorage, AK 99507</u>          |
| <u>X</u> Remove                      |              |                            |                                     |
| 2) <u>X</u> Change                   | <u>V</u>     | <u>Sylvia D Rovik</u>      | <u>6504 Remas Drive</u>             |
| <u>    </u> Add                      |              |                            | <u>New Port Richey FL 34653</u>     |
| <u>    </u> Remove                   |              |                            |                                     |
| 3) <u>X</u> Change                   | <u>SV</u>    | <u>Sheryl L Singletary</u> | <u>6434 Spring Flower Drive #23</u> |
| <u>    </u> Add                      |              |                            | <u>New Port Richey, FL 34653</u>    |
| <u>    </u> Remove                   |              |                            |                                     |
| 4) <u>    </u> Change                | <u>    </u>  | <u>    </u>                | <u>    </u>                         |
| <u>    </u> Add                      |              |                            | <u>    </u>                         |
| <u>    </u> Remove                   |              |                            | <u>    </u>                         |
| 5) <u>    </u> Change                | <u>    </u>  | <u>    </u>                | <u>    </u>                         |
| <u>    </u> Add                      |              |                            | <u>    </u>                         |
| <u>    </u> Remove                   |              |                            | <u>    </u>                         |
| 6) <u>    </u> Change                | <u>    </u>  | <u>    </u>                | <u>    </u>                         |
| <u>    </u> Add                      |              |                            | <u>    </u>                         |
| <u>    </u> Remove                   |              |                            | <u>    </u>                         |

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

1. **Introduction:** The study aims to investigate the impact of the COVID-19 pandemic on the mental health of healthcare workers.

2. **Methodology:** A cross-sectional survey was conducted among healthcare workers in various hospitals and clinics. The survey included questions about demographic information, work-related factors, and mental health symptoms.

3. **Results:** The study found that a significant proportion of healthcare workers reported symptoms of anxiety, depression, and stress. Factors such as long working hours, exposure to COVID-19 cases, and lack of social support were associated with higher levels of mental distress.

4. **Conclusion:** The findings highlight the need for mental health support and interventions for healthcare workers during the COVID-19 pandemic. Further research is needed to explore the long-term effects and develop effective coping strategies.

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

Effective date if applicable: \_\_\_\_\_  
(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 2/27/2018

Signature Arlene H Tierce

(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)

Arlene H Tierce  
(Typed or printed name of person signing)

President  
(Title of person signing)