N15000 000 054

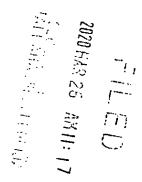
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800342295858

03/26/20--01014--004 **35.00



APR 0 8 2020

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Health First H	ealth Plans, Inc.		
N1500000054 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning this	s matter to the following:	:	
Tracy G. Cummings			
	(Name of Contact	Person)	
Health First, Inc.			
	(Firm/ Compa	any)	
3300 Fiske Boulevard, Bldg. B			
	(Address))	
Rockledge, FL 32955			
	(City/ State and Zi	ip Code)	
tracy.cummings@hf.org			
E-mail address: (to b	e used for future annual	report notification	on)
For further information concerning this matter,	please call:		
Tracy G. Cummings		321 at	434-6646
(Name of Contact I		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florid	la Department of	State:
■ \$35 Filing Fee □ \$43.75 Filing Fe Certificate of S	-	Certi y is Certi (Add	60 Filing Fee ficate of Status fied Copy itional Copy is osed)
Mailing Address Amendment Section	-	Street Address Amendment Sec	tion

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Health First Health Plans, Inc.			
(Name of Corporation as currently filed with the Flor	rida Dept. of State)		
N15000000054			
(Document N	Number of Corporation (if k	nown)	
Pursuant to the provisions of section 617.1006, Florida Samendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts t	he following
A. If amending name, enter the new name of the corp	poration:		
name must be distinguishable and contain the word "cor "Company" or "Co." may not be used in the name.	poration" or "incorporated	I" or the abbreviation "Corp.	The new " or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	LESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2020 HAS
		27	26 Ail
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the	1:17
Name of New Registered Agent:			
New Registered Office Address:	(FI	orida street address)	
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I de-			r .
	Signature of New Regist	ered 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	$\overline{\underline{\mathbf{V}}}$ $\underline{\underline{\mathbf{N}}}$	ohn Doc 1ike Jones ally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change Add	DST	Joseph G. Felkner	6450 US Highway 1 Rockledge, FL 32955
× Remove			
2) Change x Add	DST	Michael A. Scialdone	6450 US Highway 1 Rockledge, FL 32955
Remove 3) Change Add Remove			
4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add			
E. If amending or adding (attach additional sheet)		al Articles, enter change(s) here: eary). (Be specific)	
		- <u></u> .	

		
		
		<u> </u>
<u> </u>		
		·
		
		
The date of each amendment date this document was signed	(s) adoption:	, if other than the
	January 8, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
	is block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for a	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	

Dated	3/13/2023
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)
	Nicholas W. Romanello
	(Typed or printed name of person signing)