## N1500000 6139

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## COVER LETTER

VOID

**TO:** Amendment Section Division of Corporations

Patch Colla	borative, Inc.		
N15000006139			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee	e are submitted for f	filing.	
Please return all correspondence concerning	this matter to the fo	llowing:	
Michael De Lucca			
· · · · · · · · · · · · · · · · · · ·	(Name of	Contact Person)	
Broward Regional Health Planning Council,	Inc.		
	(Firm	/ Company)	
200 Oakwood Lane, Suite 100			
	(/	Address)	
Hollywood, FL 33020			
	(City/ Star	te and Zip Code)	
mdelucca@brhps.org			
E-mail address: (t	o be used for future	annual report notification	on)
For further information concerning this matte	er, please call:		
Matt Anthony		954 at	561-9681 X1205
(Name of Conta	ct Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amoun	t made payable to th	ne Florida Department of	State:
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Mailing Address		Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

Patch Collaborative, Inc.		
(Name of Corporation as current	ly filed with the F	orida Dept. of State)
N15000006139		
(Document Number	er of Corporation (i	known)
Pursuant to the provisions of section 617.1006. Florida Statute imendment(s) to its Articles of Incorporation:		For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati Broward Regional Health Planning Council Housing Adminis		
•		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorpora	ted" or the abbreviation "Corp. For Thc.
<del></del>		
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		20
C. Enter new mailing address, if applicable:		<b>VOID</b>
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		्राप्तः <b>प्र</b>
	<del></del>	
		[m &_
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ia, enter the name of the
Name of New Registered Agent:		
		(Florida street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and acc	ept the obligations of the position.
	ignature of New Re	gistered 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	PT John Do V Mike Jo SV Sally Sr	ones	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Т	Mia McNerney	200 Oakwood Lane
Add			Suite 100
Remove			Hollywood, FL 33020
2) Change	<del></del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional sheets, if necessary).	(Be specific)			
See Attached:				
	-			
<del></del>				
	<del></del>		<del>-</del>	
		<del> </del>		
<del></del>			<u></u>	_ <del>_</del>
		<del></del>		
				_ <u></u>
			<u> </u>	
			<u>.</u>	_

January 23, 2019	
The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
January 23, 2019	
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the members and the number of votes cas was/were sufficient for approval.	st for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment by the board of directors.  January 31, 2019  Dated  Signature  (By the chairman or vice chairman of the board, president or other states of the chairman or vice chairman of the board.	
have not been selected, by an incorporator – if in the hands of other court appointed fiduciary by that fiduciary)	
Michael De Lucea	
(Typed or printed name of person s	igning)
President	
(Title of person signing)	)

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