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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2015

JEFFREY M. GUCKER / ADAPTIVE RESTRUCTURING FOR CONTINU 6130 N IRONWOOD LANE LANTANA, FL 33462 US

SUBJECT: ADAPTIVE RESTRUCTURING FOR CONTINUOUS HEALTH INC.

Ref. Number: N15000007718

We have received your document for ADAPTIVE RESTRUCTURING FOR CONTINUOUS HEALTH INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must fill out the complete amendment form. You only sent the second and the fourth page. We have to have all of the pages.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis Regulatory Specialist II

Letter Number: 315A00018817

COVER LETTER

TO: Amendment Section Division of Corporations

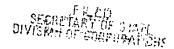
NAME OF CORPORATION: ADAPTIVE RESTRU	ICTURING FOR CONTINUOUS HEACTH
DOCUMENT NUMBER: N1500 000 7 7 18	
The enclosed Articles of Amendment and fee are submitted for filin	ng.
Please return all correspondence concerning this matter to the follow	ving:
JEFFREY M GUCKER	
(Name of Co	ntact Person)
A.R.C.17.	
(Firm/ Co	ompany)
6130 N IRONWOOD LN	
(Add	dress)
LANTANA FL 33467	
(City/ State a	nd Zip Code)
JGUCKER 2013 & GMAIL . COM E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter, please call:	
JEFFREM GUCKER	at (318)779-3066
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the F	Florida Department of State:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee \& \sum	ing Fee & \$\sum \text{\$\subset\$\$\subseteq\$\$\$\$ \$\superset{\subseteq\$\$}\$\$\$ \$\subseteq\$\$\$\$\$\$\$\$ Copy \$\superset{\subseteq\$\$\$\$\$\$\$\$\$\$ Certificate of Status
WE PAID THIS ALREADY LETTER (Additional	d copy is Certified Copy
WITH FILING (AS REQUESTED) enclosed)	(Additional Copy is Enclosed)
Mailing Adduses	Street Adduses

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



Adaptive Rost	ructuring For Continuon
	atly filed with the Florida Dept. of State
N1500007	718
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
Ala	The new
name must be distinguishable and contain the word "corpora <mark>"Company" or "Co." may not be used in the name</mark> .	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	NA
(Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:
Name of New Registered Agent: NA	
New Registered Office Address:	(Florida street address)
Ala	, Florida
1-4	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	Agent: miliar with and accept the obligations of the position.
NA	
	ignature 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: X_Change X_Remove X_Add	<u>V</u> <u>M</u>	hn Doe ike Jones Ily Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	<u>S</u>	CHARLIE WIEGAND	6130 N IRONWOOD LN LANTANA FL 33462
2) Change Add	CŁO	DORIAN BALLOUGH	715 MISSION HILL RD BOYNTON BEACH FL 33435
Remove 3)ChangeAddRemove			
4) Change Add		•	
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

amending or adding additional Arti tach additional sheets, if necessary)	(Be specific)	
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The date of each amendment(s) adopted date this document was signed. Effective date if applicable: 56f-	on: <u>56P-15-15</u> -15-2015 (no more than 90 days after amend	SEP 16 PM 1: 56
Note: If the date inserted in this block do document's effective date on the Departm		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted was/were sufficient for approval.	I by the members and the number of	votes cast for the amendment(s)
There are no members or members e adopted by the board of directors.	ntitled to vote on the amendment(s)	. The amendment(s) was/were
have not been sel	2015 or vice chairman of the board, presidected, by an incorporator – if in the inted fiduciary by that fiduciary)	

JEGENEN M GUCKER

(Typed or printed name of person signing)