

N15000007718

(Requestor's Name)

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(City/State/Zip/Phone #)

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15 SEP 16 PM 1:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SEP 21 2015

C LEWIS



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 RESTRUCTURING FOR CONTINUOUS HEALTH

DOCUMENT NUMBER: N15000007718

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

Please return all correspondence concerning this matter to the following:

JEFFREY M GUCKER

(Name of Contact Person)

A.R.C.I.A.

(Firm/ Company)

6130 N IRONWOOD LN

(Address)

LANTANA FL 33462

(City/ State and Zip Code)

JGUCKER2013@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY GUCKER

(Name of Contact Person)

at (318) 779-3066

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|---|--|--|

WE PAID THIS ALREADY LETTER WITH FILING (AS REQUESTED)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Adaptive Restructuring For Continuous
(Name of Corporation as currently filed with the Florida Dept. of State)

Health Inc.

N15000007718

(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:

N/A

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)

N/A

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 address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(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.

N/A

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action
(Check One)

Title

Name

Address

1) ☐ Change

S

~~Charlie Wiegand~~
CHARLIE WIEGANID

6130 N IRONWOOD LN
LANTANA FL 33462

☒ Add

☐ Remove

2) ☐ Change

CFO

DORINN BALLOUGH

715 MISSION HILL RD

BOYNTON BEACH FL 33435

☒ Add

☐ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

N/A

The date of each amendment(s) adoption: SEP-15-15 SEP-15-2015 if other than the date this document was signed.

DIVISION OF CORPORATIONS

Effective date if applicable: SEP-15-2015

(no more than 90 days after amendment file date)

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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

SEP 15 2015

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)

JEFFREY M GUCKER

(Typed or printed name of person signing)

President of THE A.R.C.H. ADAPTIVE RESTRUCTURING FOR
(Title of person signing) CONTINUOUS HEALTH