## N17000006151

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tracy G. Cummings
(Name of Contact Person)
Health First Shared Services, Inc.
(Firm/ Company)
6450 US Highway 1
(Address)
Rockledge, FL 32955
(City/ State and Zip Code)
tracy.cummings@hf.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tracy G. Cummings 321 434-4182
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section Amendment Section  Similar of Communication

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

FILED

Health First Commercial Plans, Inc.

2022 FEB -8 PM 1: 38

(Name of Corporation as currently filed with the Florida D	ept. of State)	SECRETARY OF STATE
N17000006151		SECRETARY OF STATE TALLAHASSEE, FL
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:	
N/A		The new
name must be distinguishable and contain the word "corporate "Company" or "Co." may not be used in the name.	ion" or "incorporated" or i	the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
	<del></del>	
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 new registered agent and/or the new registered office as	e address in Florida, ente ddress:	r the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Florida :	street address)
		, Florida
-	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: miliar with and accept the o	bligations of the position.
	onature 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>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sr	nes	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change Add	D		Robert K. Henry	-
x Remove				<del></del>
2) Change X Add	D	_	Kim K. Patrick	6450 US Highway 1 Rockledge, FL 32955
Remove 3) Change Add Remove		_		
4) Change Add		_		
Remove				
5) Change Add	_	_		
Remove				
6) Change Add	_	-		
Remove				
E. If amending or addin (attach additional shee	g additions.	onal Artic ssary).	cles, enter change(s) here: (Be specific)	
N/A				

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The date of each amendment	t(s) adoption:	/21/2021				if athor than the
date this document was signed						_, ii omer than the
	10/01/2021					
Effective date if applicable:						
	(no n	nore than 90 days	after amendment	file date)		
Note: If the data incomed in the	uic block dans ===	most the e1:- 1	da ataturas ett		المناد الشياسية والمراوية	on lineaud == 41
Note: If the date inserted in the document's effective date on the	ns block does not he Department of	imeet ine applicat "State"s records	ne statutory filing	g requirements	s, this date will not b	e fisted as the
and the state of the	ne Department Of	orane s records.				
Adoption of Amendment(s)	( <u>CH</u>	IECK 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.

Date	1/10/2022
Sign	ature <u>MMMMM</u>
-	(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)

(Title of person signing)