# N18000000236

(Requestor's Name)  (Address)
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PICK-UP WAIT MAIL
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(Business Entry Parity)
(Document Number)
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#### **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION	CONTINUUM HEAL	THCARE CORP			
	18000000236				
DOCUMENT NUMBER:					
The enclosed Articles of Ame	ndment and fee are subm	itted for filing.			
Please return all corresponden	ce concerning this matter	to the following:			
Kesley Crawford					
		(Name of Contact P	erson)		
		(Firm/ Compan	y)		
1111 E Sunrise Blvd Apt#	708				
<del> </del>		(Address)			
Ft Lauderdale, FL 33304					
	(	(City/ State and Zip	Code)		
keschar66@gmail.com					
E-1	nail address; (to be used	for future annual rep	port notification	on)	
For further information conce	ming this matter, please o	call:			
Kesley Crawford		at	754	224-9553	
(1	Name of Contact Person)		(Area Code)	(Daytime Telep	hone Number)
Enclosed is a check for the fo	lowing amount made pay	able to the Florida	Department of	State:	
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certi is Certi (Add	50 Filing Fee ficate of Status fied Copy itional Copy is osed)	

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

### CONTINUUM HEALTHCARE CORP (Name of Corporation as currently filed with the Florida Dept. of State) N18000000236 (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: 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) C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) 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: InCorp Services, Inc. Name of New Registered Agent: 17888 67th Court North (Florida street address) New Registered Office Address:

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.

Loxahatchee

Kathy Shin on behalf of InCorp Services, Inc.

, Florida 33470

(Zip Code)

Signature of New Registered Agent, if changing

(City)

## 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>∨</u> <u>Mil</u>	n Doe se Jones sy Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	CEO	Kesley Crawford	50 N Laura St
Add			Suite 2500
Remove			Jacksonville, FL 32207
2) X Change	VP	Coretha Smith	50 N Laura St
Add			Suite 2500
Remove			Jacksonville, FL 32207
X Change	SECY	Tiffany Crawford	50 N Laura St
Add		-	Suite 2500
Remove			Jacksonville, FL 32207
4) Change			
Add			
Remove			
.5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	<u>-</u>	
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	e date of each amen e this document was	• •	tion:	if other than the			
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EM	ective date <u>if applic</u>	able:					
			(no more than 90 days after amendment file date)				
Not loc	te: If the date insert ument's effective da	ed in this block ite on the Depar	does not meet the applicable statutory filing requirements, this date will not ment of State's records.	ot be listed as the			
Adoption of Amendment(s)		ent(s)	(CHECK ONE)				
	The amendment(s) was/were sufficien		sted by the members and the number of votes cast for the amendment(s)				
	There are no memi		s entitled to vote on the amendment(s). The amendment(s) was/were				
	Dated	February 14th	h 2018				
	Signature	Luf					
	'	have not been:	in or vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or pointed fiduciary by that fiduciary)				
		Kesley Cra	awford				
		<del></del> .	(Typed or printed name of person signing)				
		CEO					
			(Title of person signing)				