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SECRETARY I STATE
FALLAHASSEE, FLORID

OCT 02 2018 S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	lealthcare Corp	,		
DOCUMENT NUMBER:N18000000236				
The enclosed Articles of Amendment and fee :	are submitted for filing.			
Please return all correspondence concerning th	is matter to the following	ıg:		
Kesley Crawford				
	(Name of Cont	act Person)		
	(Firm/ Con	npany)		
6467 Greenland Road				
	(Addre	ss)		
Jacksonville, Ft. 32258				
	(City/ State and	Zip Code)		
kescraw66@gmail.com				
E-mail address: (to	be used for future annu	al report notification	on)	
For further information concerning this matter.	please call:			
Kesley Crawford		904 at	831-6992	
(Name of Contact	Person)		(Daytime Telephone Number)	
Enclosed is a check for the following amount n	nade payable to the Flo	rida Department o	f State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of	Fee & S43.75 Filing Status Certified Cop (Additional cenclosed)	oy Cert opy is Cert (Ado	50 Filing Fee ificate of Status ified Copy litional Copy is losed)	
Mailing Address Amendment Section		Street Address Amendment Sec		

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

Continuum Healthcare Corp			
(Name of Corporation as o	urrently filed with the Flor	ida Dept. of State)	
N18000000236			
(Document	Number of Corporation (if k	nown)	·
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation ado	pts the following
A. If amending name, enter the new name of the cor	porațion:		
			The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	rporation" or "incorporated	I" or the abbreviation "C	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD)</u>	PESS)		
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BQX</u>			
D. If amending the registered agent and/or registers		enter the name of the	18 74 74
new registered agent and/or the new registered o	fice address:		- }
Name of New Registered Agent:		<u> </u>	P 28
New Registered Office Address:	(F)	orula street address)	
	(City)	, Florida (Zip Cod	de)
New Registered Agent's Signature, if changing Regis	tered Agent:		
I hereby accept the appointment as registered agent - I	am familiar with and accept	the obligations of the pos	ition.
	Signature of New Regist	tered 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 E V Mike J SV Sally S	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Coretha Smith	
Add X Remove			
2) Change	Sec	Tiffany Crawford	
Add			
X Remove 3) Change			
Add			
Remove			
4) Change			
Add Remove			
51 Change			
Add			
Remove			
6) Change			
Add Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
E. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	<u> </u>
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	e date of each amendment(s) adoption:	_, if other than the			
1410	e this document was signed.				
Eff	fective date if applicable:				
	(no more than 90 days after amendment file date)				
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	be listed as the			
Ado	loption of Amendment(s) (<u>CHECK ONE</u>)				
	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 9/25/18				
	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)				
	Kesley Crawford				
	(Typed or printed name of person signing)				
	CEO				
	(Title of person signing)				