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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	1 Access		
700308370107 DOCUMENT NUMBER:			1
The enclosed Articles of Amendment and fee are su	ibmitted for filing.		
Please return all correspondence concerning this ma	itter to the following:		
Debra I. Perleberg			
	(Name of Contact Perso	1)	
Community Health Access			•
	(Firm/ Company)		
1007 E Vine St			
	(Address)		
Kissimmee, FL 34744			
	(City/ State and Zip Cod	e)	
debra@4insurancestore.com			
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		•
Debra L Perleberg	40 at	7 932-0023	
(Name of Contact Perso		rea Code) (Daytime Telephone Num	iber)
Enclosed is a check for the following amount made	payable to the Florida Depa	artinent of State:	
\$35 Filing Fee Secretificate of Status	& □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	!
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Community Health Access Inc

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: 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) 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: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.	(Document Nu	mber of Corporation (if	known)		
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) 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: Name of New Registered Agent: New Registered Office Address: (City) (City) New Registered Agent's Signature, if changing Registered Agent:		tutes, this <i>Florida Not F</i>	or Profit Corporatio	on adopts the f	ollowing
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: Name of New Registered Agent: New Registered Office Address: New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent:	A. If amending name, enter the new name of the corpor	ration:			
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: (Muiling 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: **Name of New Registered Agent New Registered Office Address: City (City) (Zip Code)					
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: Name of New Registered Algent: New Registered Office Address: (City) (City)		oration" or "incorporat	ed" or the abbreviat	ion "Corp," oi	r "Inċ." L
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: Name of New Registered Agent: (Florida street address)		<u></u>)			
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D. If amending the registered agent and/or registered office address in F)orida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address)		·		<u> </u>	- TD
new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address)				유.	~ ~
Name of New Registered Agent: (Florida street address)			a, enter the name of	fthe 🔀	<i>ئ</i> ::
(Florida street address) New Registered Office Address: , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new registered offic	e address;			
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New Registered Agent's Signature, if changing Registered Agent:		(City)			
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			ot the obligations of	the position.	
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		Signature of New Regi	stered Agent, if char	iging	

ddress of each Offic Attach additional shee Please note the officer P = President: V = Vic	er and/or D ets, if necess /director titl re President;	irector being added: ary) e by the first letter of the office title: T= Treasurer; S= Secretary; D= Dir	ector: TR= Trustee: C = Chairman or Clerk: CEQ = Chief holds more than one title, list the first letter of each office
neld, President, Treasi	urer, Directo	or would be PTD.	is listed as the PST and Mike Jones is listed as the V. There is
i change, Mike Jones	leaves the co		and S. These should be noted as John Doe, PT as a Change,
Example: X_Change X_Remove X_Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	<u>.</u>
Type of Action Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
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E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
The corporation is organized and shall be operated exclusively for charitable, educational and/or scientific	
scientific purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code.	1
Such purposes shall include, but shall not be limited to:	l
develop, promote and implement strategies to improve community health access through	
leadership development, education and management services.	
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ľhe	date of each amendment(s) adopti-	on:	, if other than the
late	this document was signed.		İ
Effe	ective date if applicable:		1
		(no more than 90 days after amendment file date)	i
	e: If the date inserted in this block do ument's effective date on the Departn	oes not meet the applicable statutory filing requirements, this date will not nent of State's records.	be listed as the
٨do	option of Amendment(s)	(<u>CHECK ONE</u>)	
	•	d by the members and the number of votes east for the amendment(s)	1
	was/were sufficient for approval.		t
	There are no members or members of adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
	1/25/2018 Dated		
	Signature	Gra & Terleberg	
	have not been se	or vice chairman of the board, president or other officer-if directors lected, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	Debra L Perk	cherg	
		(Typed or printed name of person signing)	
	Director		
		(Title of person signing)	