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## **COVER LETTER**

\* TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: HEALTH P	Lesource F	Partners Inc	
DOCUMENT NUMBER: <u>N 18000</u> 053			
DOCUMENT NUMBER: 19 1000005	110		
The enclosed Articles of Amendment and fee are subn	nitted for filing.		
Please return all correspondence concerning this matte	r to the following:		
Britany Ferrell			
J	(Name of Contact Perso	n)	
Hearth Resource Pa	rtners		
	(Firm/ Company)		
24555 US HWY 3315	APH H3	67	
	(Address)		
Santa Rosa Beach, FL	32459		
	(City/ State and Zip Cod	e)	
Britany @ nearthre	source part	ners.org	
Hi-mail address: (to be used	for future annual report	notification)	
For further information concerning this matter, please of	rall:		
Britany Ferrell (Name of Contact Person)	at(	347) 601-1144	
(Name of Contact Person)	(A	rea Code) (Daytime Telephone Number)	
Enclosed is a check for the following amount made pay	rable to the Florida Depa	artment of State:	
S35 Filing Fee S43.75 Filing Fee & Certificate 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		Address	
Amendment Section		Iment Section	
Division of Corporations	DIVISIO	on of Corporations	

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

N1800000571U		
(Document Number	er of Corporation (if know	n)
Pursuant to the provisions of section 617,1006. Florida Statute amendment(s) to its Articles of Incorporation:	s, this <i>Florida Not For Pr</i>	cofit Corporation adopts the following
A. If amending name, enter the new name of the corporati	on:	
N/A		The new
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	ion" or "incorporated" o	r the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	H/A	2018 T
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	THE SEE OF STREET
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as		er the name of the
Name of New Registered Agent: H/A	1	
New Registered Office Address:	(Florida	i street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Alberthy accept the appointment as registered agent. I am fan	Agent: miliar with and accept the	obligations of the position.
N/	A gnature of New Registerea	
	anature 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: XChange X Remove X Add		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	PSD	Britany Ferrell	24555 US HWY 3315  APH. H307  Santa Rosa Beach FL, 3245
2) Change Add Remove		Ctnthia Woife	24555 US HWY 3315  APH. H307  Santo Posa Beach, FL 374
3 ) Change Add Remove	_D_	Daniel Beale	24555 US HWY 3315 Apt. H307 Santa Rosa Beach, FL 32
4) Change Add Remove		Kevin Proctor	24555 US HW/ 331 S APt. H307 Santa ROSA Beach FL,324
5) Change Add Remove	D	Bernard Ziem	24555 US HWY 331 S Apt. H307 Santa Rosa Beach, FL324
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)
Purpose:
This organization is organized exclusively for
charitable, religious, educational, or scientific
purposes under Section 501(c)(3) of the internal
Revenue code, or corresponding Section of any
future federal tax code.
Dissaiution:
upon the dissolution of this organization, assets
shall be distributed for one or more exempt
purposes within the meaning of section Soi(c)(3)
of the internal Revenue Code, or corresponding
Section of any future tederal tax code, or shall
be distributed to the federal government, or to
a state or local government, for a public
purpose.

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depar	does not meet the applicable statutory filing requirements, this date will not tment of State's records.	t be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adop was/were sufficient for approval.	ted by the members and the number of votes east for the amendment(s)	
There are no members or members adopted by the board of directors.	s entitled to vote on the amendment(s). The amendment(s) was/were	
Dated 07100	12018	
	n 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	<u>.</u>
	ointed fiduciary by that fiduciary)	
Brito	(Typed or printed name of person signing)	
Pre	sident	
	(Title of person signing)	