N18000010648

	(Reque	stor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

Curative Care Constitution Care Care Care Care Care Care Care Care	enter		
N18000010648			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are so	ubmitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Andrea Adams			
	(Name of Contact Per	son)	
Curative Care Center			
	(Firm/ Company)		
7455 South US Highway 1			
	(Address)		
Titusville, FL 32780			
	(City/ State and Zip C	ode)	V*
andrea_adams@curativecarecenter.com			
E-mail address: (to be us	sed for future annual repo	rt notificatio	n)
or further information concerning this matter, plea	ase call:		
Andrea Adams	: at	321	505-0355
(Name of Contact Pers		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida D	epartment of	State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status		Certif Certif	D Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address	Stre	et Address	
Amendment Section Division of Corporations		endment Sect sion of Corpo	

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

Curative Care Center, Inc.			
Name of Corporation as currently filed with the Florida De	ept. of State)		
N18000010648			
(Document Number	r of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	, this <i>Florida Not F</i>	For Profit Corporation adopts the	following
A. If amending name, enter the new name of the corporation	on:		
			The new
name must be distinguishable and contain the word "corporati "Company" or "Co." may not be used in the name.	on" or "incorporat	ed" or the abbreviation "Corp." o	
B. Enter new principal office address, if applicable:		, ,	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			020
		<u> </u>	020 JAN 1
-			
C. Enter new mailing address, if applicable:			2
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			-
_			· .:
		•	52
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		a, enter the name of the	
new registered agent andror the new registered office ad	<u>uress.</u>		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street address)	
		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent—I am fam		ot the obligations of the position.	
Via	natura of New Pagi	stered Avent if champing	

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 D Y Mike Jo SV Sally S	one <u>s</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	Michael Bell	7455 South US Highway 1 Titusville, FL 32780
2) Change Add	D	Patrick Bell	7455 South US Highway 1 Titusville, FL 32780
Remove 3) Change Add X Remove	DIR	Phil Collins	7455 South US Highway 1 Titusville, FL 32780
4) X Change Add	Ρ	Brian Malmendier	7455 South US Highway 1 Titusville, FL 32780
Remove 5) Change Add			
Remove 6)ChangeAdd			
Remove E. If amending or additional she		Page 2 of 4 icles, enter change(s) here: (Be specific)	

	<u>.</u>
	
	
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Page 3 of 4	
rage 3 of 4	
The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	pe listed as the

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

(CHECK ONE)

Adoption of Amendment(s)

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 01/11/2020		
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)		
Brian Malmendier		
(Typed or printed name of person signing)		
Free Thalmen dien - President (Title of person signing)		