

N190000002981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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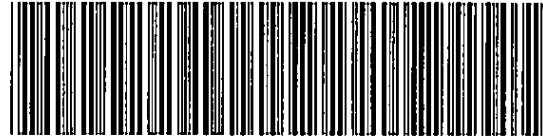
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OVERFLOW HEALTH SERVICES, INC

DOCUMENT NUMBER: N19000002981

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua Harden-Givens

(Name of Contact Person)

OverFlow Health Alliance, INC

(Firm/ Company)

3416 Moncrief Road Suite 101

(Address)

Jacksonville, FL 32209

(City/ State and Zip Code)

j.harden-givens@overflowhealthalliance.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua Harden

850

375-7080

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

OVERFLOW HEALTH SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N19000002981

(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:

OVERFLOW HEALTH ALLIANCE, INC

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**)

3416 Moncrief Road

Suite 101

Jacksonville, FL 32209

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

3416 Moncrief Road

Suite 101

Jacksonville, FL 32209

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:

Marcus Givens

3131 University Blvd N40

New Registered Office Address:

(Florida street address)

Jacksonville

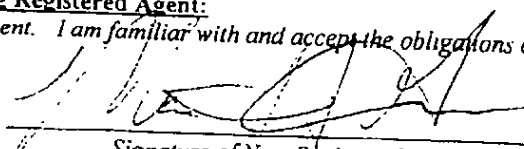
(City)

Florida 32209

(Zip Code)

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.



Signature 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change <u>XX</u> <u> </u> Add <u> </u> Remove	<u>Dir</u>	<u>Dewayne J. Robinson</u>	<u>3416 Moncrief Road</u> <u>Suite 101</u> <u>Jacksonville, FL 32209</u>
2) <u> </u> Change <u>XX</u> <u> </u> Add <u> </u> Remove	<u>Dir</u>	<u>Sherraine Thompson</u>	<u>3416 Moncrief Road</u> <u>Suite 101</u> <u>Jacksonville, FL 32209</u>
3) <u> </u> Change <u> </u> Add <u>XX</u> <u> </u> Remove	<u>Dir</u>	<u>Sylvester J. Harden-Givens</u>	<u>822 N. A1A Suite 310</u> <u>Ponte Verda, Florida 32082</u>
4) <u> </u> Change <u>XX</u> <u> </u> Add <u> </u> Remove	<u>Ex. Dir</u>	<u>Joshua Harden</u>	<u>3416 Moncrief Road</u> <u>Suite 101</u> <u>Jacksonville, FL 32209</u>
5) <u>XX</u> Change <u> </u> Add <u> </u> Remove	<u>Dir</u>	<u>Marcus Givens</u>	<u>3416 Moncrief Road</u> <u>Suite 101</u> <u>Jacksonville, FL 32209</u>
6) <u>XX</u> Change <u> </u> Add <u> </u> Remove	<u>Dir</u>	<u>Shuantell Graham-Johnson</u>	<u>3416 Moncreif Road</u> <u>Suite 101</u> <u>Jacksonville, FL 32209</u>

E..

ARTICLE III

This corporation 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 tax codes. It will work independently and/or in cooperation with like-minded organizations to provide primarily counseling, case management, linkage to care, medications to individuals with or exposed to sexually transmitted infections.

OverFlow Health Alliance, Inc.'s role is to serve as a link between the doctor and the client. Once a doctor has given a diagnoses and available treatment options, OverFlow Health Alliance, Inc., explains these diagnoses and options to the client. OverFlow Health Alliance, Inc.'s priority is to make sure that the patient fully understands all aspects of the diagnosis available treatment and nutrition plan.

OverFlow Health Alliance, Inc.'s position is to provide wellness training for patients with appropriate health promotion and health education while removing barriers that impede access to care for economically disenfranchised, and/or racially and ethnically diverse populations.

OverFlow Health Alliance, Inc.'s conducts educational programs to increase awareness of Health and Human Services locally, countywide at various venues for the community.

OverFlow Health Alliance, Inc. works with both clients and providers to inform about resources. This assistance includes resources covered by insurance companies, government programs, as well as those free to the community. OverFlow Health Alliance, Inc. provides supports services to individuals such as: client assessment, case management, identifying resources, counseling, housing needs/placements.

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

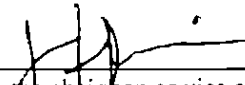
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 10/14/2019 _____

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)

Joshua Harden

(Typed or printed name of person signing)

Executive Director

(Title of person signing)