

N19000011014

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

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Account Number : I1998000057
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
SANCTUARY CLINICS, INC.**

Certificate of Status	0
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Page Count	05
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COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SANCTUARY CLINICS, INC.

DOCUMENT NUMBER: NI9000011014

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

Please return all correspondence concerning this matter to the following:

DAVID S. HOSKINS

(Name of Contact Person)

SANCTUARY CLINICS, INC.

(Firm/ Company)

POST OFFICE BOX 57

(Address)

GREENVILLE, FLORIDA 32331

(City/ State and Zip Code)

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

For further information concerning this matter, please call:

DAVID S. HOSKINS

(Name of Contact Person)

at

(Area Code) (Daytime Telephone Number)

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

- | | | | |
|---|--|---|--|
| <input checked="" 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 type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
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Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2021 DEC -7 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDAArticles of Amendment
to
Articles of Incorporation
of

(((H21000443595 3)))

SANCTUARY CLINICS, INC.

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

N19000011014

(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:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)C. Enter new mailing address, if applicable:

N/A

(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: N/A

(Florida street address)

New Registered Office Address:_____, Florida
(City) (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

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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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>STD</u>	<u>STEPHEN ABURIME</u>	<u>1290 NW HONEY LAKE ROAD</u> <u>GREENVILLE, FL 32331</u>
2) <input checked="" type="checkbox"/> Change ___ Add ___ Remove	<u>D</u>	<u>KIMBERLY D. NACHTWEY</u>	<u>13639 ALLAMANDA CIRCLE</u> <u>PORT CHARLOTTE, FL 33981</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add ___ Remove	<u>D</u>	<u>SESSY HOSKINS</u>	<u>13639 ALLAMANDA CIRCLE</u> <u>PORT CHARLOTTE, FL 33981</u>
4) <input type="checkbox"/> Change ___ Add <input checked="" type="checkbox"/> Remove	___	<u>PETER SHAWN HOSKINS</u>	<u>2300 EAST CARY STREET</u> <u>RICHMOND, VIRGINIA 23223</u>
5) <input type="checkbox"/> Change ___ Add ___ Remove	___	___	___
6) <input type="checkbox"/> Change ___ Add ___ Remove	___	___	___

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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

Adoption of Amendment(s) (CHECK ONE)

- ((H21000443595 3)))

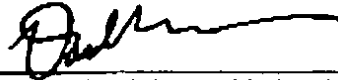
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- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated

12/3/2021

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)

DAVID S. HOSKINS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
2021 DEC - 7 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H21000443595 3)))