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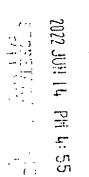
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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Health First F	oundation, Inc.					
DOCUMENT NUMBER:						
The enclosed Articles of Amendment and fee a	re submitted for filing	g.				
Please return all correspondence concerning the	s matter to the follow	ring:				
Tracy G. Cummings						
	(Name of Con	tact Person)				
Health First Shared Services, Inc.						
	(Firm/ Co	mpany)				
6450 U.S. Highway 1						
	(Addr	ress)				
Rockledge, FL 32955						
	(City/ State an	d Zip Code)			_	
tracy.cummings@hf.org					3	7027 JUN 14
E-mail address: (to	be used for future ann	ual report not	fication	n)	-:-	
For further information concerning this matter,	please call:				*.	7
Tracy Cummings		321 at		434-4182		P 14
(Name of Contact	Person)		Code)	(Daytime Tele	phone Numb	S. S
Enclosed is a check for the following amount n	nade payable to the Fl	orida Departr	nent of	State:	•	
■ \$35 Filing Fee □ \$43.75 Filing F Certificate of S		ру	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Ad Amendme Division of The Cent	nt Secti f Corpo	-		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Health First Foundation, Inc.				
(Name of Corporation as currently filed with th	e Florida I	ept. of State)		
N19000011205				
(Docur	nent Numbe	er of Corporati	on (if known)	
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida</i>	Not For Profit Corporation adopts t	he following
A. If amending name, enter the new name of th	e corporati	on:		
N/A				The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ion" or "incor	porated" or the abbreviation "Corp.	
B. Enter new principal office address, if applica	able:	N/A		
(Principal office address <u>MUST BE A STREET A</u>				
		 -		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	N/A		2
		*-	ا از	022
D. If amending the registered agent and/or regi	stered offic	e address in F	lorida, enter the name of the	
new registered agent and/or the new register				
Name of New Registered Agent:	N/A			€U - E.
			1	ਹਾ
			(Florida street address)	
New Registered Office Address:	:		,	
	N/A		. 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.

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	<u>PT</u> <u>V</u> <u>SV</u>	John Do Mike Jo Sally Sn	<u>nes</u>	
Type of Action (Check One)	<u>Titlc</u>		Name	Address
1) Change Add	D	_	Tracey Latshaw	6450 US Hwy 1 Rockledge, FL 32955
x Remove				
2) Change Add		-		
Remove 3) Remove Add Remove		-		
4) Change Add		-		
Remove				
5) Change Add		_		
Remove				
6) Change Add		_		
Remove				
E. If amending or additional sheet	ng addition	onal Arti essary).	icles, enter change(s) here: (Be specific)	
N/A				

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	-	
	Amril 27, 2022	
The date of each amendmen	t(s) adoption: April 27, 2022	, if other than the
date this document was signed		
Effective date if applicable:	April 27, 2022	
	(no more than 90 days after amendment file do	nte)
Note: If the date inserted in the	is block does not meet the applicable statutory filing requi	rements, this date will not be listed as the
document's effective date on t	he Department of State's records.	The same with the same and 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 men adopted by the be	nbers or members entitled to vote on the amendment(s). The amendment(s) was/were pard of directors.
Deted	June 6, 2022
Dated	
Signatur	(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)
	Nicholas W. Romanello
	(Typed or printed name of person signing)
	Assistant Secretary
	(Title of person signing)