

6/3/2021

Division of Corporations

N210002210763

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002210763)))



H210002210763ABCV

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
2021 JUN -3 AM 8:05  
FALL ALABAMA, FLORIDA

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HEALTH TO HEAL INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

RECEIVED

2021 JUN -3 PM 3:10

Electronic Filing Menu

Corporate Filing Menu

Help

Jun. 2, 2021 11:30AM

No. 0718 P. 3

**COVER LETTER**TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HEALTH TO HEAL INC.

DOCUMENT NUMBER: N21000002918

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

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

(Name of Contact Person)

Legalzoom.com, Inc.

(Firm/ Company)

101 N. Brand Blvd., 11th Floor

(Address)

Glendale, CA 91203

(City/ State and Zip Code)

al@healthtoheal.org

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

For further information concerning this matter, please call:

Cheyenne Moseley

(Name of Contact Person)

800

at ( )

773-0888 ext. 9724

(Area Code &amp; 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 &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

Jun. 2, 2021 1:30AM

No. 0713 P. 4

Articles of Amendment  
to  
Articles of Incorporation  
of

HEALTH TO HEAL INC.

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

N21000002918

(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:

\_\_\_\_\_ 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)

C. Enter new mailing address, if applicable:

(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: \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address:

\_\_\_\_\_  
(City)

\_\_\_\_\_, Florida

\_\_\_\_\_  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JUN -3 AM 8:05

FILED

Jun. 2, 2021 1:30AM

No. 0718 P. 5

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 PTT.

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	D	Jeff Carr	15881 CANOE CREEK DRIVE
<input type="checkbox"/> Add			STE. B
<input checked="" type="checkbox"/> Remove			Jacksonville, FL 32218
2) <input type="checkbox"/> Change	D	Franklin Alex Roberts	15881 CANOE CREEK DRIVE
<input checked="" type="checkbox"/> Add			STE. B
<input type="checkbox"/> Remove			Jacksonville, FL 32218
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

Jun. 2, 2021 1:31AM

No. 67'8 P. 6

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

*[The page contains horizontal ruling lines.]*

Jun. 2, 2021 11:21AM

No. 0718 P. 7

The date of each amendment(s) adoption: 05/11/2021, if other than the date this document was signed.

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

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

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)

Al Eugene Roberts

(Typed or printed name of person signing)

President

(Title of person signing)

FILED

2021 JUN -3 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA