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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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| Healthy Rel | ationships Bay County, | Inc. | | |
|--|--------------------------|--------------------------|--------------------|--|
| N23000004362 | | | | |
| DOCUMENT NUMBER: | · · - · | | _ | |
| The enclosed Articles of Amendment and fee | are submitted for filing | :. | | |
| Please return all correspondence concerning t | his matter to the follow | ing: | | |
| Dennis Stoica | | | | |
| <u> </u> | (Name of Cont | tact Person) | <u>-</u> . | <u>.</u> |
| | (Firm/ Cor | mpany) | | |
| PO Box 19184 | | | | |
| | (Addre | ess) | | |
| Panama City Beach, FL 32417 | | | | |
| | (City/ State and | l Zip Code) | _ | |
| DJStoica@gmail.com | | | | |
| E-mail address: (to | be used for future annu | ial report noti: | fication | 1) |
| For further information concerning this matte | r. please call: | · | | • |
| Dennis Stoica | | at | | 625-1859 |
| (Name of Contac | t Person) | (Area C | lode) | (Daytime Telephone Number) |
| Enclosed is a check for the following amount | made payable to the Flo | orida Departm | ent of | State: |
| ■ \$35 Filing Fee □\$43.75 Filing Certificate of | | - РУ | Certifi Certifi | O Filing Fee cate of Status ed Copy ional Copy is sed) |
| Mailing Address Amendment Section | | Street Add Amendmer | it Secti | |
| Division of Corporations P.O. Box 6327 | | Division of The Centr | | orations allahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Healthy Relationships Bay County, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N23000004362 (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: Healthy Relationships Emerald Coast, Inc. 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, 6 Royal Palm Drive B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Mary Esther, FL 32569 C. Enter new mailing address, if applicable: 6 Royal Palm Drive (Mailing address MAY BE A POST OFFICE BOX) Mary Esther, FL 32569 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: N/A Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A , Florida <u>N</u>/A (City) 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: X_Change X_Remove X_Add | PT John De V Mike Jo SV Sally Sr | <u>nes</u> | |
|--|--|--|--|
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change Add | D | Willie Spears | 1202 Virginia Avenue Lynn Haven, FL 32444 |
| X Remove | | | |
| 2) Change Add | DP | Michelle Wright | 6 Royal Palm Drive Mary Esther, FL 32569 |
| Remove 3) X Change Add Remove | <u>DC</u> | Dennis Stoica | PO Box 19184 Panama City Beach, FL 32417 |
| 4) X Change Add | DS | Sandra Harbour | PO Box 19184 Panama City Beach, FL 32417 |
| Remove 5) Change Add | | | |
| Remove 6) Change Add | | | |
| Remove | | | |
| E. If amending or addin (attach additional shee | | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) added this document was signed. | doption: | _, if other than the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date will not epartment of State's records. | be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were ac was/were sufficient for approva | dopted by the members and the number of votes east for the amendment(s) al. | |

| Datad | November 11, 2024 |
|-------------|--|
| Dated | $\overline{\Omega}$ |
| Signatu | TC & Spiro Xour |
| 3 · g.····· | (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) |
| | other court appointed reductary by that reductary) |
| | |
| | Dennis Stoica |
| | Dennis Stoica (Typed or printed name of person signing) |
| | |