

N23 000007716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

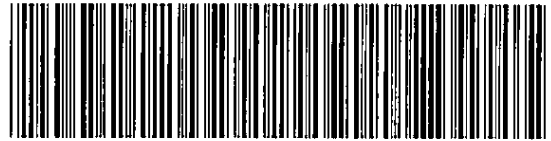
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FILED  
2024 SEP 10 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

Rec 8/28/24

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: STREAMING HEALTH CARE SERVICES, INC.

DOCUMENT NUMBER: N23000007716

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

Please return all correspondence concerning this matter to the following:

CHRISTINE REYNOLDS

(Name of Contact Person)

CHP

(Firm/ Company)

1890 N UNIVERSITY DR. SUITE 306

(Address)

CORAL SPRINGS, FL 33071

(City/ State and Zip Code)

CREYNOLDS@CHP-HEALTH.COM

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

For further information concerning this matter, please call:

CHRISTINE REYNOLDS

954

347-9516

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 checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

DREAMING HEALTH CARE SERVICES, INC

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

23000007716

(Document Number of Corporation (if known))

2024 SEP 10 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FL

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:

If amending name, enter the new name of the corporation:

DREAMING HEALTH FOUNDATION, INC.

*Centers For Health Foundation, Inc* The new  
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." or "company" or "Co." may not be used in the name.

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

NO CHANGE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NO CHANGE

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:

NO CHANGE

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

By 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:

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	SEC	KEMBERLY BUSH	1890 N UNIVERSITY DR #306 CORAL SPRINGS, FL 33071
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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			

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)


To provide evidence- based strategies to improve public outcomes and quality of life through education and outreach. The for will operate exclusive in a manner which will qualify the corporation as a tax exempt, not-for-profit organization under section 501(C) (3) of the Internal Revenus Code, or corresponding section of any future federal tax code. Upon the dissolution of the corporation assets shall be distributed for one or more exempt purposes within the meaning of Section 501 (C) (3) of



- ☒ 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 JULY 11, 2024

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)

DWIGHT C. REYNOLDS

(Typed or printed name of person signing)

PRESIDENT/CEO

(Title of person signing)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 17, 2024

CHRISTINE REYNOLDS  
1890 N UNIVERSITY DR. #306  
CORAL SPRINGS, FL 33071

SUBJECT: STREAMING HEALTH CARE SERVES, INC.  
Ref. Number: N23000007716

We have received your document for STREAMING HEALTH CARE SERVES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NOT FOR PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 024A00015575