	N39138
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(City/State/Zip/Phone #)	Q6/18/19-−01011-−018 **43.75
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TO:	Amendment Section
	Division of Corporations

1 I

Florida Healthy Kie	ds Corporation		
N39138 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this mat	tter to the following:		
Gavin Burgess			
	(Name of Contact Person)		
Florida Healthy Kids Corporation			
	(Firm/ Company)		
1203 Governors Square Blvd, Suite 400			
	(Address)		
Tallahassee, FL 32301			
	(City/ State and Zip Code)		
burgessg@healthykids.org			
E-mail address: (to be use	ed for future annual report notification)		
For further information concerning this matter, pleas	e call:	. C.	0.2 200
Gavin Burgess	(850) 701-6108	9 9	PORMIONS
(Name of Contact Perso	on) (Area Code) (Daytime Telephone Ne	umber)	10
Enclosed is a check for the following amount made p	payable to the Florida Department of State:		ŝ
□ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status	 2 \$43.75 Filing Fee & \$\$52.50 Filing Fee Certified Copy Certified Copy is (Additional copy is enclosed) Certified Copy is Enclosed) 		
<u>Mailing Address</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Florida Healthy Kids Corporation

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

(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 <u>"Company" or "Co." may not be used in the name</u> .	"corporation" or	"incorporated" or the abbreviation "Co	orp." or "Inc."
B. <u>Enter new principal office address, if applicab</u>			
Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u>) 		
2 <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE B</u>	OV)		
. If amending the registered agent and/or registe	ered office addre	ss in Florida, enter the name of the	E.
new registered agent and/or the new registered	d office address:		9 <u>1</u>
Name of New Registered Agent:	Gavin Burgess, Es	q	2 <u>2</u>
1	203 Governors S	quare Blvd, Suite 4(X)	t)
<u>New Registered Office Address:</u>		(Florida street address)	
	Fallahassee	Florida 32	2301
-	(Cirv)		de)

<u>New Registered Agent's Signature, if changing Registered Agent:</u> I hereby accept the appointment as registered agent. I any fagniliar with and accept the obligations of the position.

re of New Registered Agent, if changing Sigi

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

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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 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 Chang. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mil</u>	<u>in Doe</u> <u>ke Jones</u> <u>ly Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
I)Change	CEO	Rebecca Matthews	1203 Governors Square Blvd
Add			Suite 400
X Remove			Tallahassee, FL 32301
2) Change	Interim CEO	Jeff Dykes	1203 Governors Square Blvd
XAdd			Suite 400
Remove			Tallahassee, FL 32301
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Art	icles, enter change(s) here	, '		
(attach additional sheets, if necessary).	(Be specific)	·		
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The second second		June 14, 2019	and the second sec
The date of each amendm date this document was sig			, if other than t
Effective date <u>if applicab</u>	June 14	, 2019	
		more than 90 days after amendn	uent file date)
Note: If the date inserted i document's effective date of			ling requirements, this date will not be listed as the
Adoption of Amendment	s) (<u>Cl</u>	HECK ONE)	
The amendment(s) was was/were sufficient for		he members and the number of v	otes cast for the amendment(s)
There are no members adopted by the board		d to vote on the amendment(s). (The amendment(s) was/were
	June 14, 2019		
Dated	WA		
Ha	e not been selected	e chairman of the board, presider , be an incorporator – if in the ha iduciary by that fiduciary)	nt or other officer-if directors ands of a receiver, trustee, or
	Gavin Burgess		
		(Typed or printed name of p	erson signing)

Chief Legal Officer

. . . ,

(Title of person signing)