

N39138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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MAIL

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(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
20 JUN -8 PM 3:24

Amend

JUN 15 2020

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Florida Healthy Kids Corporation

DOCUMENT NUMBER: N39138

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

Please return all correspondence concerning this matter to the following:

Clavin Burgess

(Name of Contact Person)

Florida Healthy Kids Corporation

(Firm/ Company)

1203 Governors Square Boulevard Suite 400

(Address)

Tallahassee, FL 32301

(City/ State and Zip Code)

burgessg@healthykids.org

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

For further information concerning this matter, please call:

Clavin Burgess

850

701-6108

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 checked="" type="checkbox"/> \$35 Filing Fee | <input 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

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
20 JUN -8 PM 3:24



1203 Governors Square Blvd., Ste. 400  
Tallahassee, FL 32301

[healthykids.org](http://healthykids.org)

June 4, 2020

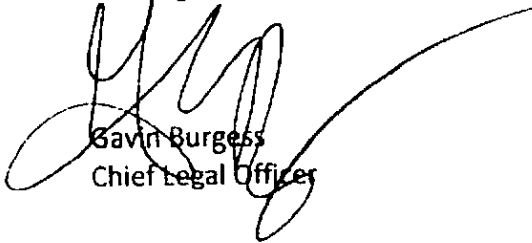
Diane Cushing  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL, 32314

Re: Signed Articles of Amendment  
Reference #: N39138

Dear Ms. Cushing:

In response to your Letter No. 320A00010293, enclosed please find the physically executed Articles of Amendment. Please let me know if you need any additional information. Thank you.

Best regards,

A handwritten signature in black ink, appearing to read "Gavin Burgess".

Gavin Burgess  
Chief Legal Officer

Enclosure



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2020

GAVIN BURGESS  
FLORIDA HEALTHY KIDS CORPORATION  
1203 GOVERNORS SQUARE BOULEVARD, STE 400  
TALLAHASSEE, FL 32301

SUBJECT: FLORIDA HEALTHY KIDS CORPORATION  
Ref. Number: N39138

We have received your document for FLORIDA HEALTHY KIDS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed 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.

Non-Profit entities must have an actual signature.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 320A00010293

Articles of Amendment  
to  
Articles of Incorporation  
of

Florida Healthy Kids Corporation

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

N39138

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1000, 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:

New Registered Office Address:

(Florida street 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

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CORPORATION DIVISION  
20 JUN -8 PM 3:24

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>Interim CEO</u>	<u>Jeff Dykes</u>	<u>1203 Governors Square Boulevard Suite 400 Tallahassee, FL 32301</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>CEO</u>	<u>Ryan West</u>	<u>1203 Governors Square Boulevard Suite 400 Tallahassee, FL 32301</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>          </u>	<u>          </u>

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

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- This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

- ☒ 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 4/21/20

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)

Gavin D. Burgess

(Typed or printed name of person signing)

Chief Legal Officer

(Title of person signing)