N4504

| (Req | uestor's Name) | |
|---------------------------|-----------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| . (City | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |

Office Use Only



300331274473

07/01/19--01011--014 🐄

TALLAHASSEE, FL

C Kinzea

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: | nunity Health, Inc. | <u></u> - | |
|---|---|------------------------------------|---|
| N45040 DOCUMENT NUMBER: | | | |
| The enclosed Articles of Amendment and fee | e are submitted for filin | g. | |
| Please return all correspondence concerning | this matter to the follow | ving: | |
| Nicole Hope | | | |
| | (Name of Co | ntact Person) | |
| CAN Community Health, Inc. | | | |
| | (Firm/ C | ompany) | |
| 4440 Fruitville Road | | | |
| | (Add | ress) | <u> </u> |
| Sarasota, FL 34232 | | | |
| | (City/ State a | nd Zip Code) | |
| nhope@cancommunityhealth.org | | | |
| E-mail address: (t | o be used for future and | nual report notificati | on) |
| For further information concerning this matte | r, please call: | | |
| Nicole Hope | | 941 at | 256-4489 |
| (Name of Conta | ct Person) | | (Daytime Telephone Number) |
| Enclosed is a check for the following amount | made payable to the F | Torida Department o | f State: |
| ■ \$35 Filing Fee □\$43.75 Filin Certificate o | g Fee & □\$43.75 Fili f Status Certified C (Additiona enclosed) | opy Cert I copy is Cert (Add | .50 Filing Fee ificate of Status ified Copy ditional Copy is losed) |
| Mailing Address Amendment Section | | Street Address Amendment Sec | |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

| | of | |
|---|--------------------------------------|---|
| CAN Community Health, Inc. | | |
| (Name of Corporation as curren | tly filed with the Florida D | ept. of State) |
| N45040 | | |
| (Document Numb | er of Corporation (if known) |) |
| Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation: | s, this <i>Florida Not For Pro</i> j | fit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation/a | ion: | 27 |
| name must be distinguishable and contain the word "corporal "Company" or "Co." may not be used in the name. | tion" or "incorporated" or a | The new the abbreviation "Corp." or "Inc." |
| B. Enter new principal office address, if applicable: | 4440 Fruitville Rd. | |
| Principal office address MUST BE A STREET ADDRESS | Sarasota, FL 34232 | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 4440 Fruitville Rd. | |
| | Sarasota, FL 34232 | 201 SE T. |
| D. If amending the registered agent and/or registered officenew registered agent and/or the new registered office a | | (/) |
| Name of New Registered Agent: | | Maria |
| | tFlorida s | treet address) |
| New Registered Office Address: | | |
| <u>n/a </u> | (City) | , Florida (Zip Code) |
| | (Ctiv) | (εφ Coae) |

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, neaddress 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each cheld. 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, 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change X Remove X Add | $\underline{V} = \underline{Mik}$ | <u>i Doe</u> e Jones y Smith | |
|-----------------------------------|-----------------------------------|------------------------------------|--------------------|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | CFO | Alex Kramer | 4440 Fruitville Rd |
| Add | | | Sarasota, FL 34232 |
| X Remove | | | |
| 2) Change | CFO | Mary Lifland | 4440 Fruitville Rd |
| X Add | | | Sarasota, FL 34232 |
| Remove | | | |
| 3) Change | | - | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5. O | | | |
| 5) Change | | | |
| Add Remove | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Arti (attach additional sheets, if necessary). | (Be specific) |
|---|---------------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment | · · · · · · · · · · · · · · · · · · · | , if oth |
|--|--|-------------|
| date this document was signed | - 3/18/2019 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records. | be listed a |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/w was/were sufficient for ap | ere adopted by the members and the number of votes east for the amendment(s) proval. | |
| ■ There are no members or adopted by the board of c | members entitled to vote on the amendment(s). The amendment(s) was/were firectors. | |
| 3/18/2 Dated | 2019 | |
| Signature | J. L. College | |
| have n | chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary) | |
| Ric | hard. E. Carlisle | |
| - | (Typed or printed name of person signing) | |
| Pre | sident/CEO | |
| | (Title of person signing) | |