

NUMBER

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(Address)

(City/State/Zip/Phone #)

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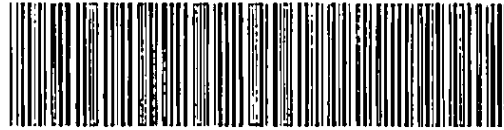
(Business Entity Name)

(Document Number)

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Amcl  
R WHITE  
MAY 30 2018

FILED  
10 MAY 29 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Healthy Start Coalition of Hardee, Highlands and Polk Counties, Inc.

DOCUMENT NUMBER: N47678

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

Please return all correspondence concerning this matter to the following:

Charlene A. Edwards

Name of Contact Person

Healthy Start Coalition of Hardee, Highlands and Polk Counties, Inc.

Firm/ Company

650 E. Davidson Street

Address

Bartow, FL 33830

City/ State and Zip Code

info@healthystarthp.org

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

For further information concerning this matter, please call:

Charlene A. Edwards

at ( 863 )

534-9224

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

18 MAY 29 PM 2:42

Healthy Start Coalition of Hardee, Highlands and Polk Counties, Inc.

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

N47678

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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 Charlene A. Edwards

650 E. Davidson Street

(Florida street address)

New Registered Office Address: Bartow, Florida 33830

(City)

(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.

Charlene Edwards

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Angela Forte</u>	<u>2336 Whispering Trails Place</u>
<input type="checkbox"/> Add			<u>Winter Haven, FL 33884</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>VP</u>	<u>VACANT</u>	
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>Cindy Baker</u>	<u>Central Florida Health Care</u>
<input checked="" type="checkbox"/> Add			<u>47 5th Street NW</u>
<input type="checkbox"/> Remove			<u>Winter Haven, FL 33881</u>
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove			
★ 5) <input checked="" type="checkbox"/> Change	<u>Past</u>	<u>Cynthia Acevedo</u>	<u>Healthy Families Highlands</u>
<input type="checkbox"/> Add	<u>President</u>		<u>7205 S. George Boulevard</u>
<input checked="" type="checkbox"/> Remove			<u>Sebring, FL 33875</u>
6) <input type="checkbox"/> Change	<u>T</u>	<u>LaTonya Smith</u>	<u>Joules Wellness Concepts</u>
<input type="checkbox"/> Add			<u>PO Box 1753</u>
<input checked="" type="checkbox"/> Remove			<u>Eagle Lake, FL 33839</u>

Note: Current Secretary listed, Wendy Amos should continue to be on list.

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

*(Attach additional sheets, if necessary). (Be specific)*

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,  
provisions for implementing the amendment if not contained in the amendment itself:

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s)*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
*(voting group)*

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5/17/18

Signature Charlene Edwards  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Charlene A. Edwards

\_\_\_\_\_  
(Typed or printed name of person signing)

Executive Director

\_\_\_\_\_  
(Title of person signing)