## N51462

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S. ROBERTS AUG 0 8 2023

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	INDIAN RIVER C	OUNTY HEALTI	ły Stai	RT COAI	.ITION, INC.	<del></del> -
DOCUMENT NUMBER:	N51462					
The enclosed Articles of Am	nendment and fee are sub	omitted for filing.				
Please return all corresponde	ence concerning this mat	ter to the following	3;			
ASHLEY WATSON						
		(Name of Contac	t Person]	)		
INDIAN RIVER COUNTY	HEALTHY START CO	DALITION, INC.				
		(Firm/ Comp	any)		_ ·	. <u>.</u>
1555 INDIAN RIVER BLV	D. SUITE B241					
		(Address	)	<del></del>	·	
VERO BEACH, FL 32960						
		(City/ State and Z	ip Code	)		• • • •
FINANCE@IRCHEALTHY	YSTART.ORG					
Е	-mail address: (to be use	d for future annual	report n	otificatio	n)	
For further information conc	erning this matter, please	e call:				
ASHLEY LEZNIEWICZ			772		226-7297	
	(Name of Contact Person			a Code)	(Daytime Telep	hone Number)
Enclosed is a check for the fo	ollowing amount made p	ayable to the Flori	da Depar	tment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenciosed)		Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing A	<del></del>		Street A	ddress	ion	

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

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

INDIAN RIVER COUNTY HEALTHY START COALITION, INC.

(Name of Corporation as currently filed with th	ie Florida	Dept. of State)	)		
N51462					
(Docum	ment Num	ber of Corporat	ion (if known)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statu	tes, this <i>Florida</i>	ı Not For Profit Co	rporation adopts the	e following
A. If amending name, enter the new name of th	ie cor <u>pora</u>	tion:			
N/A					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		ution" or "inco.	rporated" or the ab	breviation "Corp."	
B. Enter new principal office address, if applica	able:	N/A			
(Principal office address <u>MUST BE A STREET A</u>		[)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	N/A			2023 J
<del>-</del>				<del></del>	- Co 5:0
					70
D. If amending the registered agent and/or reginew registered agent and/or the new register			Florida, enter the i	name of the	8: 47
Name of New Registered Agent:		MCFALL.			
Hame by New Registered Agent.	1555 INI	DIAN RIVER F	BLVD, SUITE B24.	<del></del>	
<u>New Registered Office Address:</u>			(Florida street ad		
	VERO B	EACH		Florida 32960	
		(City)	<u>.</u>	, Florida 32960 (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			l accept the obligati	ons of the position.	
_		Mey	· M. JU v Registered Agent,	l	
	S	ignature 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: XChange X Remove X Add	PT         John Do           V         Mike Jo           SV         Sally Sr	nes	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change Add	CEO	ANDREA BERRY	1555 INDIAN RIVER BLVD, SUI VERO BEACH, FL 32960
x Remove			
2) Change Add	CEO	MEGAN MCFALL	1555 INDIAN RIVER BLVD, SUITE B291 VERO BEACH, FL 32960
Remove 3) Remove Add Remove	<del></del>		
4) Change Add	<del></del>		
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addin (attach additional shee		cles, enter change(s) here: (Be specific)	
N/A			
		·	

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	<u>,</u>
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<del></del>	
,	
The date of each amendment(s) adoption: 417 2023 date this document was signed.	, if other than the
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 wild document's effective date on the Department of State's records.	ill not be listed as the

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

(CHECK ONE)

Adoption of Amendment(s)

Dated _	06/22/23
h	y the chairman or vice chairman of the board, president or other officer-if directors are not been selected, by an incorporator – if in the hands of a receiver, trustee, or ther court appointed fiduciary by that fiduciary)
	Kyle Thurn
	(Typed or printed name of person signing)

(Title of person signing)