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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Health First, Inc.		
	BER:		
	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Kim Nowakowski		
		Name of Contact Person	n
	Health First, Inc.		
		Firm/ Company	
	6450 US Highway 1		
	21/12/12/	Address	•
	Rockledge, FL 32955		
		City/ State and Zip Cod	e
kimb	erly.nowakowski@health-firs	t.org	
	_ ·	sed for future annual report	notification)
		·	
For further informatio	n concerning this matter, pleas	se call:	
Kim Nowakowski		at (321	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of S N95000003610	
N95000003610	State)
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts its Articles of Incorporation:	the following amendment(s) to
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 "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation 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)	I" or the abbreviation
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address: Name of New Registered Agent	the
(Florida street address)	
New Registered Office Address: , Flor	rida
(City)	(Zip Code)

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: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		Edward R. Griese	6450 US Highway I
Add				Rockledge, FL 32955
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach	nding or adding additional Articles, enter change(s) he additional sheets, if necessary). (Be specific)	·····
	•	
		1.0
f an ai	mendment provides for an exchange, reclassification,	or concellation of issued shares
provis	sions for implementing the amendment if not contained	d in the amendment itself:
(i)	fnot applicable, indicate $N\!/\!A$)	
	-	
	•	

	9/15/15	
The date of each amendment(s date this document was signed.	adoption:	, if other than the
	/15/15 '	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date. Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	i)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	9(22/05 Double Morlos	
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other coun pinted fiduciary by that fiduciary)	1
арр	•	
	David E. Mathias	
	(Typed or printed name of person signing)	
	Assistant Secretary	
	(Title of person signing)	\$