## N95000003610

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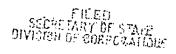
<u>COVER LETTER</u>

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	Health First, Inc.			
	N95000003610			
DOCUMENT NUMBER: _				
The enclosed Articles of Ame	endment and fee are subm	itted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
Kim Nowakowski				
	(	Name of Contact P	erson)	
Health First, Inc.				
		(Firm/ Compan	y)	
6450 US Highway 1				
		(Address)		
Rockledge, FL 32955				
	(	City/ State and Zip	Code)	Address &
kimberly.nowakowski@heal	th-first.org			
E-	mail address: (to be used t	for future annual re	port notification	1)
For further information conce	erning this matter, please c	all:		
Kim Nowakowski		at	321	434-4378
(	Name of Contact Person)		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay	able to the Florida	Department of	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fee Certified Copy (Additional copy enclosed)	Certif is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A	ddress	<u>St</u>	reet Address	

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 to Articles of Incorporation of



Health First, Inc. 15 NOV 12 PM 1: 02

(Name of Corporation as of	currently filed with the Florida Dept. of State)
N95000003610	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "co <mark>"Company" or "Co." may not be used in the name</mark> .	orporation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u> )	
	4 4 14 14 14 14 14 14 14 14 14 14 14 14
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0
D. If amending the registered agent and/or registers	ed office address in Florida, enter the name of the
new registered agent and/or the new registered o	ffice address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registreby accept the appointment as registered agent. I	stered Agent: 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, 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	$\overline{\underline{V}}$ $\underline{\underline{M}}$	ohn Doe like Jones ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VC	Catherine A. Ford	6450 US Highway 1
Add			Rockledge, FL 32955
X Remove			
2) Change	VC	Pamela A. Gatto	6450 US Highway 1
X Add			Rockledge. FL 32955
Remove			
3) Change	VP	Aaron Robinson	6450 US Highway 1
X Add			Rockledge, FL 32955
Remove			
4) Change	VP	Alex Popowycz	6450 US Highway 1
X Add			Rockledge, FL 32955
Remove			
5) Change	D	Eugene S. Cavallucci	6450 US Highway I
Add			Rockledge, FL 32955
X Remove			
6) Change	D	Patricia Driscoll	6450 US Highway 1
$\frac{X}{X}$ Add			Rockledge, FL 32955
Remove			

. If amending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
<u> </u>	

	10/1/2015	
The date of each amendment(s) a		, if other than the
date this document was signed.		DIVERSE TALL CO
	/2015	THOM OF LEFT
Effective date <u>if applicable</u> :		100000000000000000000000000000000000000
	(no more than 90 days after amendment file date)	13 HOV 12 PM
Note: If the date inserted in this bloodocument's effective date on the Do	ock does not meet the applicable statutory filing requirements, to partment of State's records.	this date will not be listed as the 3
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes east for the amal.	nendment(s)
There are no members or mem adopted by the board of direct	bers entitled to vote on the amendment(s). The amendment(s) ors.	was/were
Dated	Oct 23,2015	
Signature	www engages	<u> </u>
have not be	rman or vice chairman of the board, president or other officer-ien selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	
David E	. Mathias	
	(Typed or printed name of person signing)	
VP		
<u></u>	(Title of person signing)	