## N950003610

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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FILED
2017 SEP 14 PH 3: 07
TALLANASSEE, FLORIDA

C. GOLDEN SEP 1 5 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Health First, Inc.  AME OF CORPORATION:
N95000003610 OCUMENT NUMBER:
he enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
im Nowakowski
(Name of Contact Person)
lealth First, Inc.
(Firm/ Company)
450 US Highway 1
(Address)
tockledge, FL 32955
(City/ State and Zip Code)
imberly.nowakowski@health-first.org
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Cim Nowakowski 321 434-4378
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
nclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S2.50 Filing Fee & Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

2017 SEP 14 PM 3: 07 Health First, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) SEULEN IN UF STATE TALLAHASSEE, FLORIDA N95000003610 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006. Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co," may not be used in the name. 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: (Florida street address) New Registered Office Address: . Florida (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.

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.

X Change X Remove X Add	<u>V</u> <u>Mil</u>	n Doe ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	William J. Calhoun	6450 US Highway 1
Add			Rockledge, FL 32955
X Remove			<del></del>
2) Change	SVP	David E. Mathias	6450 US Highway 1
Add			Rockledge, FL 32955
X Remove			
3 ) Change			<u></u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or add	ding additional Art heets, if necessary).	t <mark>icles, enter ch</mark> (Be specific)	ange(s) here:			
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	8/18/17	
The date of each amendmer	nt(s) adoption:	, if other than the
date this document was signe	d. '	
	8/18/17	
Effective date if applicable:		<u> </u>
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will no the Department of State's records.	t he listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes east for the amendment(s) approval.	
There are no members of adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
Dated $\frac{8/23}{1}$	/17	
Signature	MANAMULA	
	ne chairman or vice chairman of the board, president or other officer-if directors	
have	not been selected, by an incorporator – if in the hands of a receiver, trustee, or recourt appointed fiduciary by that fiduciary)	
N	licholas W. Romanello	
_	(Typed or printed name of person signing)	
A	ssistant Secretary	
_	(Title of person signing)	