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(Re	questor's Name)	
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(Ad	dress)	
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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	Health First, Inc.				
DOCUMENT NUMBER: .	N.95000	000	۷		
The enclosed Articles of Am					
Please return all corresponde	ence concerning this matter	to the following:			
Kim Nowakowski					
		Name of Contact Person	1)		
Health First, Inc.					
		(Firm/ Company)			.
3300 Fiske Boulevard					
		(Address)			
Rockledge, Fl. 32955					
·	(City/ State and Zip Code	:)		
kimberly.nowakowski@hea	lth-first.org				18 00
E	-mail address: (to be used	for future annual report r	iotification	n)	
For further information conc	erning this matter, please o	all:			ند) ****
Kim Nowakowski		32 at	l	434-4378	
	(Name of Contact Person)		ea Code)	(Daytime Teleph	one Number)'\(\sigma\)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Depa	rtment of	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Health First, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) <u>0145</u> 000000 <u>3610</u> (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 _ (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.

Example: X.Change X. Remove X. Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SVP	Alex Popowycz	6450 US Highway 1
Add			Rockledge, FL 32955
X Remove			
2) Change	SVP	Constance Bradley	6450 US Highway 1
Add			Rockledge, FL 32955
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(attach additional si	ding additional Articl heets, if necessary).	(Be specific)			
					
					
					
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		September 14, 2018	ic desident
	date of each amendment this document was signed.		, if other than the
	•	September 14, 2018	
LITE	ective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
		nis block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	be listed as the
Add	option of Amendment(s)	(<u>CHECK ONE</u>)	
	The amendment(s) was/was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) oproval.	
	There are no members or adopted by the board of o	members entitled to vote on the amendment(s). The amendment(s) was/were directors.	
	Dated Septe	mber 17, 2018	
	Signature	MMMM.	
	have r	e chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)	
	Nic	cholas W. Romanello	
		(Typed or printed name of person signing)	
	Se	nior VP/General Counsel & Chief Risk Officer/Assistant Secretary	
		(Title of person signing)	