## M50003610

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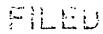
TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

Health First, Inc.			
N95000003610 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this matte	er to the following:		
Kim Nowakowski			
	(Name of Contact Po	erson)	
Health First, Inc.			
	(Firm/ Company	y)	<del></del>
3300 Fiske Boulevard			
	(Address)		
Rockledge, FL 32955			
	(City/ State and Zip	Code)	
kimberly.nowakowski@health-first.org			
E-mail address: (to be used	for future annual rep	port notification	1)
For further information concerning this matter, please	call:		
Kim Nowakowski	at	321	
(Name of Contact Person	)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	wable to the Florida I	Department of	State:
■ \$35 Filing Fee		Certit s Certit	0 Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	An Div	reet Address nendment Sectivision of Corpo fron 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 Flor	ida Berl Official 5 P 8: 25
N95000003610		
(Docume)	nt Number of Corporation (if kr	nown) III AHAOSEE, TECTULA
Pursuant to the provisions of section 617.1006, Florid amendment(s) to its Articles of Incorporation:		
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word " "Company" or "Co," may not be used in the name.	corporation" or "incorporated	The new " or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>	
D. If amending the registered agent and/or registe new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Fla	orida street address)
		Florida
_	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept	the obligations of the position.
	•	•
<del></del>	Signature of New Regist	ered 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	$\frac{\underline{PT}}{\underline{V}}$ $\underline{\underline{SV}}$	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Aaron S. Robinson	6450 US Highway 1
Add			Rockledge, FL 32955
X Remove			
2) Change			
Add			
Remove			<del></del>
3 ) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			· <del>-</del> ·
6) Change			
Add			

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · ·	
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	_ <del></del>
	<del>-</del>

The date of each amendment(s) adoption:	, if other than th
late this document was signed.	
9/27/18	
Effective date <u>if applicable:</u> (no more than 90 de	rys after amendment file date)
Note: If the date inserted in this block does not meet the applic locument's effective date on the Department of State's records	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and was/were sufficient for approval.	the number of votes cast for the amendment(s)
There are no members or members entitled to vote on the adopted by the board of directors.	amendment(s). The amendment(s) was/were
Dated 9/27/18	
Signature ( WWWWWW	Illo
	be board, president or other officer-if directors ator – if in the hands of a receiver, trustee, or fiduciary)
Nicholas W. Romanello	
(Typed or p	rinted name of person signing)
Assistant Secretary	
	(Title of person signing)