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R. WHITE FEB 2 7 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Whole Fo	amily Health Center, Inc.			
DOCUMENT NUMBER: N970000	•			
The enclosed Articles of Amendment and fee are subm				
Please return all correspondence concerning this matter	r to the following:			
Lorri Chambers				
	(Name of Contact Person)			
Whole Family Heal	Hh Center, Inc.			
ļ	(Firm/ Company)			
603 N. Indian R	Liver Drive Suite 102			
Fort Pierce, F	L 34950			
I chambers & wfhcfl.org				
For further information concerning this matter, please of	for future annual report notification) call:			
Lorri Chamber	(Area Code) (Daytime Telephone Number)			
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)			
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:			
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee &   Certificate of Status	Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address	Street Address			
Amendment Section Division of Corporations	Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
rananassee, FL 32314	2001 Executive Center Chele			

Tallahassee, FL 32301

FILE

## Articles of Amendment

Articles of Incorporation of

18 FEB 26 PH 12: 38

Whole Family Health Central Inc				
(Name of Corporation as currently filed with the Florida Dept. of State)				
N9700002128				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 617.1006, Florida Statutes, this <i>Florida Not For Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:				
A. If amending name, enter the new name of the corporation:				
N /A The new				
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)  N A				
C. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )  N / A				
N/A				
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: David R. Selig 603 N. Indian River Drive, Suite 10:				
603 N. Indian Kiver Drive, June 10.				
(Florida street address) <u>New Registered Office Address</u> :				
Fort Pierce, Florida 34950 (City) (Zip Code)				
(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.				
$\bigcap$ $\bigwedge$ - $\bigwedge$				
Warmel R Al				
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>V</u> <u>Mike</u>	Doe e Jones v Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>D</u>	Denise Glenn	603 N. Indian River Drive Suite 102 Fort Pierce, FL 34950
2) Change Add	D	Charles Cunningham	603 N. Indian River Dive Suite 102
Remove 3 ) Change Add Remove	<u>P</u>	Stevan Trooboff	Fort Pierce, FL 34950 603 N. Indian River Drive Suite 102 Fort Pierce, FL 34950
4) Change Add Remove			
5) Change Add Remove			
6) Change Add			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					
N/A					

The date of each amendment(s) adoption:		, if other than the	
late	this document was signed.		
Effe	ctive date <u>if applicable</u> :		
		(no more than 90 days after amendment file date)	
	in the date inserted in this bloment's effective date on the Dep	ck does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adop	ption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the ame	ndment(s)
	There are no members or membadopted by the board of director	ners entitled to vote on the amendment(s). The amendment(s) wers.	as/were
	Dated	119/18	
	Signature	A hoobel	diamen
	have not bee	man or vice chairman of the board, president or other officer-if in selected, by an incorporator — if in the hands of a receiver, truppointed fiduciary by that fiduciary)	istee, or
		Stevan Trooboff (Typed or printed name of person signing)	
		Chairman of the Board (Title of person signing)	