N98000004205

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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations Health First Foundation, Inc. NAME OF CORPORATION: N98000004205 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kim Nowakowski (Name of Contact Person) Health First, Inc. (Firm/ Company) 6450 US Highway ! (Address) Rockledge FL 32955 (City/ State and Zip Code) kimberly.nowakowski@health-first.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kim Nowakowski 434-4378 321 (Name of Contact Person) (Daytime Telephone Number) (Area Code) Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Health First Foundation, Inc.	· · · · · · · · · · · · · · · · · · ·	
(Name of Corporation as cur	rently filed with the Flo	rida Dept. of State)
N9800004205	ımber of Corporation (if k	mourn)
(Document No	illiber of Corporation (i) k	illowii)
Pursuant to the provisions of section 617.1006, Florida Stamendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Not Fe</i>	or Profit Corporation adopts the following
. If amending name, enter the new name of the corpo	ration:	
		The new
name must be distinguishable and contain the word "corportion of the contain the mame." Company" or "Co." may not be used in the name.	oration" or "incorporate	d" or the abbreviation "Corp." or "Inc."
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)	5% 5
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		196
		<u> </u>
	- 181 H	
		9m 3
). If amending the registered agent and/or registered of	office address in Florida	, enter the name of the
new registered agent and/or the new registered office		
Name of New Registered Agent:		
	· · ·	Torida street address)
New Registered Office Address:	'	ion ma so con accuracy
		Florida
	(City)	Florida (Zip Code)
ew Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I an	red Agent:	, ,
	Signature of New Regis	stered 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		Doe Jones Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	P	Michael Seeley	6450 US Highway 1
X Add			Rockledge, FL 32955
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		APPL AREA OF THE	
Add			
Remove			
5) Change			
Add			****
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
•			
		· · · · · · · · · · · · · · · · · · ·	

	, .		

	October 3, 2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Oct Effective date if applicable:	ober 3. 2016	
•	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the Do	ock does not meet the applicable statutory filing requirements, this date repartment of State's records.	will not be listed as the
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 cast for the amendment ral.	(s)
There are no members or mem adopted by the board of direct	obers entitled to vote on the amendment(s). The amendment(s) was/were lors.	:
Dated	av 1, 2016	
Signature	gud 2 Walter	
have not be	rman or vice chairman of the board, president or other officer-if director een selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
David E	E. Mathias	
	(Typed or printed name of person signing)	
Assista	nt Secretary	
	(Title of person signing)	_