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CORRECTED Same File Date

November 22, 2019

CT CORP DWIC OF TAMPA BAY, INC. (FL)

SUBJECT: DWIC OF TAMPA BAY, INC.

Ref. Number: P00000018051

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

PLEASE COMPLETE PAGE 1 OF 4. SEE ATTACHED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 919A00023889



Sent back 11/21/19
CORRECTED
Please Allow For
Same File Date

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2019

CT CORP DWIC OF TAMPA BAY, INC. (FL)

SUBJECT: DWIC OF TAMPA BAY, INC.

Ref. Number: P00000018051

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ALL PAGES OF THE AMENDMENT FORM MUST BE INCLUDED. PAGE 1 OF 4 HAS BEEN PROVIDED TO BE COMPLETED.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 319A00023791

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date: ____11/20/2019

D	ate:	11/20/2019	
		Acc#I20160000072	- 4:1 DW
Name:	DWIC of	Гатра Вау, Inc. (FL)	
Document #:			
Order #:	1241113	3	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certifie Plain: COGS:	d: 🗸	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amoun	±\$ 43.75	

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: DWIC of Tampa I	Bay, Inc.		
DOCUMENT NUME				
	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	Christine Feldman			
		Name of Contact Person	n	
		Firm/ Company		
	9900 Bren Road East, AZ990	0-1000		
•	Address			
	Minnetonka, MN 55343			
		City/ State and Zip Cod	e	
christi	ne.e.feldman@uhg.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Christine Feldman		at (⁹²⁵	519-8819	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:	
S35 Filing Fee	☐\$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)	
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

DWIC of Tampa Bay, Inc.	•
(Name of Corporation P00000018051	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
	a Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	rporation:
corp., Inc., or Co.," or the designation "Corp., word "chartered," "professional association," or the a	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	ERESS)
	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	20
(Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ture 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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CFO	Jeffrey Komoroski	1001 Consol Energy Drive
Add Add			Canonsburg, PA 15317
Remove			
2) Change	S	Jonathan Bell	
MbA 🔀			
Remove			
3) Change	CFO	Jonathan Royce Walker	1751 Earl Core Road
Add			Morgantown, WV 26505
Remove			
4) Change	S	Wilson M. Acevedo	11000 Optum Circle
Add			Eden Prairie, MN 55344
Remove			
5) Change	D	Paul Joseph Balthazor	11020 Optum Circle
Add			Eden Prairie, MN 55344
Remove			
ற Change			
Add			
Remove			

(Attach addition	adding additional Articles al sheets, if necessary). (I	Be specific)	Trivia "		
					
					
					
					
			· · · · · · · · · · · · · · · · · · ·		
					
					
					
					
			·····	<u> </u>	
	<u> </u>				
					 -
an amendmen provisions for i (if not appl	provides for an exchange nplementing the amendme cable, indicate N/A)	reclassification, of the state	r cancellation of issi in the amendment i	ted shares, tself;	
					
		 -			- <u>-</u>
					
					
					

The date of each amendment(s)	adoption:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amen sufficient for approval.	dment(s)
The amendment(s) was/were a must be separately provided for	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	statement (s):
"The number of votes can	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	iopted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareho	lder
	11/ <u>/</u> 2019	
Dated		
21		
Signature	director, president or other officer - if directors or officers have no	at heen
	ted, by an incorporator — if in the hands of a receiver, trustee, or other	
	nted fiduciary by that fiduciary)	
	Heather A. Lang	
	(Typed or printed name of person signing)	
	Assistant Secretary	
	(Title of person signing)	