## PH00024949

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Firstlantic Nursing	Services, Inc.		
DOCUMENT NUM	P04000024949			
The enclosed Article	es of Amendment and fee are su	bmitted for fil	ing.	
Please return all corr	respondence concerning this ma	tter to the follo	owing:	
	Jason Benedict			
		Name of C	ontact Person	
	Activa Home Health			
		Firm/	Company	
	1501 Corporate Drive, Suite	260		
		Ad	dress	
	Boynton Beach, FL 33426			
		City/ State	and Zip Code	
Jaso	on.Benedict@activahh.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
	,		•	ŕ
For further informati	on concerning this matter, pleas	se call:		
Wynneshia Boyd		at	850	521-8576
Namo	e of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check to	for the following amount made	payable to the	Florida Depa	rtment of State:
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy Il copy is	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address  Amendment Section  Division of Corporations  Clifton Building		ment Section n of Corporations Building
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Firstlantic Nursing Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P04000024949 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Activa Health Services, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1501 Corporate Drive, Suite 260 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Boynton Beach, FL 33426 1-1 C. Enter new mailing address, if applicable: 1501 Corporate Drive, Suite 260 (Mailing address MAY BE A POST OFFICE BOX) Boynton Beach, FL 33426 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: 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	<u>PT</u>	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) Change		_		_	
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Remove				<u></u>	
2) Change		<u> </u>	<del>_</del>		
Add					
Remove					
3 ) Change					
Add					
Remove				<del></del>	
4) Change					
Add				·····	
Remove					<del></del> .
5) Change					
Add				<del></del>	
Remove				<del></del>	
6) Change				_	
Add	**				
Remove					

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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.  3/20/2019  Effective date if applicable:	
	<del></del>
(no more than 90 days after amendment file dat	e)
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the an by the shareholders was/were sufficient for approval.	nendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	eholder
Dated 3/1/19	
Signature (1111 M Homeller	
(By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
Anne Marie Thompson	
(Typed or printed name of person signing)	
President	
(Title of person signing)	