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(Do	cument Number)	
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R. WHITE

13 APR 26 PM 3: 3: SECRETARY OF STATE TALLAHASSEE; FLORIDA

FILED

COVER LETTER

TO: Amendment Section Division of Corporations

	Correctional Health Services, Inc.
DOCUMENT NUMBER: POYC	000 107846
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
	Name of Contact Person Health Service Service Firm/Company Address L 33155 City/ State and Zip Code
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Contact Person Norgan Correct Enclosed is a check for the following amount made p	at (305) (662. 852) 04+114 Area Code & Daytime Telephone Number Particular Compayable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

FILED

13 APR 26 PM 3: 39

Armor Correctional	Houth Se	SECRETARY O	FSTATE
(Name of Corporation as currently	filed with the Florida D	ept. of State)	# LORIDA
PO400010789	46		
(Document Number	of Corporation (if known)		<u> </u>
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this Florida I	Profit Corporation adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	orp," "Inc," or "Co". A		ne abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL			
			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	ROY)		
(Maning namess MAT BLATOST OFFICE E	<u></u>		
			
D. If amending the registered agent and/or registered agent and/or the new registered		orida, enter the name of the	
	ed office address:		
Name of New Registered Agent			
	(Florida street addres	<u></u>	
New Registered Office Address:		, Florida	
	(City)	(Zip Code	
New Registered Agent's Signature, if changing R	Registered Agent:		
I hereby accept the appointment as registered agent	t. I am familiar with and	accept the obligations of the positi	on.
	N 5		
Signature of	New Registered Agent, if a	cnanging	

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)

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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 <math>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.

Mike Jones, V as Remo	ove, and Sally Smith	h, SV as an Add.	
Example: X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	Assistar	nt Marta Sdodko	4960 S.W. 72nd Avenus Suite 400
Add	Secretar	1	Suite 400
Remove			Micmi, FL 33155
2) Change			
Add			
Remove			·
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

* * * * * * * * * * * * * * * * * * * *	(Be specific)
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The date of each amendment(s) adoption: 4-2-13
Effective date if applicable: 4-0-13
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"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 shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature (By a director, president or other officer – if directors or officers have not been selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Michele A. Varyas (Typed or printed name of person signing)
ASSOCIATE Cheneral Carpel and Corporat (Title of person signing) Secretary.
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