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(Re	equestor's Name)			
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Prav

T. LEMIFIE

COVER LETTER

TO: Amendment Section

Division of Corpo	prations					
NAME OF CORPOR	RATION: Health Plan	s of Florida, Inc	·			
DOCUMENT NUMBER: P1100004086						
The enclosed Articles	of Amendment and fee are su	omitted for filing.				
Please return all corres	spondence concerning this mat	ter to the following:				
	Larry E. Jones					
		Name of Contact Persor	1			
	Health Plans of Florida, Inc.					
	Firm/ Company					
	1101 N. Lake Destiny Drive, Suite 300					
		Address				
	Maitland, Florida					
		City/ State and Zip Code	2			
ljon	es@hpofflorida.c	om				
	E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, pleas	se call:				
Larry E. Jones		_{at (} 407	475-9213 de & Daytime Telephone Number			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy	□\$52.50 Filing Fee Certificate of Status			
	Certificate of Status	(Additional copy is	Certified Copy			
		enclosed)	(Additional Copy			
			is enclosed)			
Mailing Address		Street Address				
Amendment Section		Amendment Section				
	ision of Corporations . Box 6327	Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle						
		Tallah	assee FL 32301			

Articles of Amendment to Articles of Incorporation of

Health Plans of Florida, Inc.						
(Name of Corporation as currently	filed with the Flor	ida Dept. of Stat	<u>e</u>)			
P11000004086						
(Document Number of	of Corporation (if k	nown)				
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Fla</i>	orida Profit Corp	<i>oration</i> adopt	s the following	g amendme	nt(s) to
A. If amending name, enter the new name of the	corporation:					
					The new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	rp," "Inc," or "Co	o". A professiona	"incorporate al corporation	ed" or the ab name must c	bbreviation contain the	
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 0 X)				-	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>				-	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office addresed office address:	s in Florida, ente	er the name o	f the		SEA.
Name of New Registered Agent		·			9 C7	문물
					ယ်	
	(Florida street	t address)			AM	
New Registered Office Address:			Florida		- vò	
	(City)			(Zip Code)	 25	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent.	t. I am familiar wit		obligations of	the position.		,
Signature of	New Registered Ag	ent, 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.

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>	Name	<u>Addres</u> s
1) Change	D	Dina McKenna	1101 N. Lake Destiny Dr.
Add			#300
Remove			Maitland, FL 32751
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			<u></u>
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
I/A					
		.			
		-			
		·			
		-			
		-			
lf a	an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:				
<u> </u>	(if not applicable, indicate N/A)				
I/A					
1/A	1				
I/A					
1/A					
I/A					
1/A					
1/A					
1/A					
I/A					
N/A					

The date of each amendment(s) adoption: July 22, 2013	if other than the
date this document was signed.	
Effective date if applicable: July 22, 2013	
(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 10 - 28 - 13	
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)	
Larry E. Jones	
(Typed or printed name of person signing)	
V/T/S/D	
(Title of person signing)	