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COVER LETTER

Division of Corporat	ions		
NAME OF CORPORAT	TION: HEALT	my Cookn of H	ensucola Inc
DOCUMENT NUMBER	1: <u>P 11 000</u>	0 22 899	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
	Chery	A CLARK	
	······································	Name of Contact Person) ·
	· - ·	Firm/ Company	
	9090 F	Address AL 36535 City/ State and Zip Code	
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		City/ State and Zip Code	2
		ok' o g mail. sed for future annual report	
	E-mail address: (to be us	sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
Cheryl A	CIAKK	at (<u>850</u>	148-1575
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the	e following amount made	payable to the Florida Depa	ertment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

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

Articles of Amendment

Articles of Incorporation of

Han 1thu	COOK'O	of Den saci	ola In	(C.	
(Name of Corporation as cu	rently filed with the Fi		71 ~ ~ 1		
	110000 228				
	umber of Corporation (if				
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this i	Florida Profit Corporation ado	pts the following	amendn	nent(s) to
A. If amending name, enter the new name	of the corporation:				
C/ARK H	mo Associate	s Insurance Co	Inc	The ne	ישי
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation "Corp," "Inc," or "	n," "company," or "incorporati Co". A professional corporati	ated" or the abl	breviatio	o r i
B. Enter new principal office address, if a		5394 Bna	n Samuel	lkan	10
(Principal office address MUST BE A STRI	EET ADDRESS)	Milton FL	32570		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)				14 APR	SELRET
D. If amending the registered agent and/o new registered agent and/or the new re			of the	-7 PMII:4	ANY OF
Name of New Registered Agent	DAVIDD	Clark		=	55 <u>5</u> 公社
	5394 Bri	<u>Clark</u> an Samuel Land	=	1	73317
_	(Florida str	eet address)			
New Registered Office Address:	milton	, Florida_	32570		
	(City)		(Zip Code)		
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	l agent. I am familiar y	igh and accept the obligations	of the position.		
Signa	ture of New Registered A	lgent, 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 <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.

Example: X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	2	DAVID D CLARK	5394 Brian Samuel Lune
Add			5394 Brian Samuel Lune Milton FL 32570
Remove			
2) Change			
Add			**************************************
Remove			
3) Change			
Add			4
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	nding or a										
Cui	rent/	ı Ch	eryl	AC	JARK	13 1	listru	as pi	rsider	nt,	
The	ere is	αc	hang	٠.	DAV	io D	CLAKK	will	residen now	be na	me
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provi	isions for i	mplemen	iting the	amendi	<u>rectar</u> nent if n	ot contai	n, or cance ned in the	<u>amendme</u>	issued shar nt itself:	<u> </u>	
(if not appli	cable, in	dicate N	(A)							
											
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		· · · · · · · · · · · · · · · · · · ·						···		<u> </u>	
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The date of each amendment(s) adoption: 4-1-14	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(no more than 90 days after amenament 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.	
Dated4-3-14	
Dated 4-3-14 Signature Chent a Clark	_
(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)	
(Typed or printed name of person signing)	
(Title of person signing)	_

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