P120000 73770

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SECRETARY OF STATE

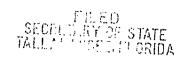
'JAN 2 9 2014' T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

	RATION: Community		s of America, Inc.		
DOCUMENT NUM	BER: P1200007377	<u></u>			
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
	Jessica Simonell	·			
		Name of Contact Perso	 n		
	Community Health Solutions of America, Inc.				
		Firm/ Company			
	1000 118th Aven	ue North			
		Address			
	St. Petersburg, F	Florida 33716-23	332		
		City/ State and Zip Cod	e		
ent	itymanagement@	chsamerica con	n		
		sed for future annual report			
For further informatio	n concerning this matter, pleas	se call:			
Jessica Simo	nelli	727	, 565-1485		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	or 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 (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section		Amend	Address Iment Section		
Division of Corporations P.O. Box 6327		Division of Corporations			
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
		Tallaha	assee, FL 32301		

Articles of Amendment to **Articles of Incorporation**



14 JAN 24 AH II: 32

Community Health Solu	tions of America	, inc.
(Name of Corporation a	s currently filed with the l	lorida Dept. of State)
P12000073770	•	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A
	,	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
 If amending the registered agent ar new registered agent and/or the ne 		
Name of New Registered Agent	N/A	<u> </u>
	(Florida sti	reet address)
New Registered Office Address:		Florida
	(City)	(Zin Code)

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 <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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One) 1) Change	<u>Title</u> President & Board Mem		Name Cheryl K. Haigley	Address 1000 118th Avenue North
Add Remove				St. Petersburg, FL 33716-2332
2) Change Add		_		
Remove 3) Change Add Remove		_		
4) Change		-		
Remove 5) Change Add		_		
Remove 6) Change Add Remove		-		

E. <u>If an</u>	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A		
14//		
•		
·····		
		
-		
ī. Īfai	If an amendment provides for an exchange, reclassification, or cancella	tion of issued shares
pro	provisions for implementing the amendment if not contained in the am	endment itself:
NI/A	(if not applicable, indicate N/A)	
N/A	/A	

The date of each amendmen date this document was signed	t(s) adoption: 5/21/2013	, if other than the
Effective date if applicable:	 5/21/2013	
Enecuve date in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
_{Dated} Jan	uary 20th, 2014	
Signature _	all The	_
•	By a director, president or other officer – if directors or officers have not been	
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	Dale F. Schmidt	
	(Typed or printed name of person signing)	_
	Chairman & CEO	
	(Title of person signing)	_