P17000011915

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
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MAY 25 2017

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HEALTH COVER	NANT PRIMARY CARE	INC				
DOCUMENT NUMI	BER:						
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.					
Please return all corre	spondence concerning this ma	tter to the following:					
	LIGIA MAGALY DICANIO						
	Name of Contact Person						
	Firm/ Company						
	Address						
	4607 DUNNIE DR TAMPA	A FL 33614					
		City/ State and Zip Coc	de				
DR	MAGALYPDICANIO@MSt	N.COM					
	E-mail address: (to be used for future annua	al report notification)				
For further information	n concerning this matter, pleas	se call:	·				
LIGIA MAGALY DICANIO		813	391-9681				
Name of Contact Person		Area Co	ode & Daytime Telephone Number				
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	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)				
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301				

Articles of Amendment to Articles of Incorporation of

HEALTH COVENANT PRIMARY CA	RE INC			
(Name of Corporation as P17000011915	currently filed with the Fl	orida Dept. of State)	-	
(Documer	nt Number of Corporation (if	known)	-	
Pursuant to the provisions of section 607. Incorporation:	.1006, Florida Statutes, this	corporation adopts the following amendment(s) to its A	rticles of
A. If amending name, enter the new na	me of the corporation:			
			The ner	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	," "company," or "incorporated" or the according to the a	bbreviatio contain th	n e
B. Enter new principal office address, if applicable:		11200 SEMINOLE BLVD STE 301		
(Principal office address MUST BE A S	TREET ADDRESS)	SEMINOLE FL 33778	-	
			,	
			=	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	cable: OFFICE BOX)	4607 DUNNIE DR		VIO V
· · · · · · · · · · · · · · · · · · ·		TAMPA FL 33778	7 14	1355 1335 1335 1335 1335 1335 1335 1335
			- \\\\\\\	EZ-
			- 19	S25
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address:	ess in Florida, enter the name of the	F	39c
new registered agent and/or the new registered office address: Name of New Registered Agent LIGIA MAGALY DICANIC			8: 2)	STAI
Traine of New Negistered Figure	4607 DUNNIE DR		Ĺ,	<u> </u>
	(Florida str	eet address)		0,
New Registered Office Address:	TAMPA	, Florida 33614		
	(City)	(Zip Code)	_	
	nanging Registered Agent: ered agent. I fin familiar w gnature of New Registered Agent	ith and accept the obligations of the position.		

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	,
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D	_	DEBORAH HIGGANS	10200 SEMINOLE BLVD
Add				STE 305
X Remove				SEMINOLE FL 33778
2) Change		_		
Add				
Remove				
3)Change		 -		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	lding additional A sheets, if necessary,). (Be specific)				
						
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	-					·
			-			
n amendment j	provides for an exc	change, reclassific	cation, or cancel	lation of issued :	shares,	
<u>ovisions for im</u>	plementing the am	sendment if not co	ntained in the a	mendment itself	<u>:</u>	
	ible, indicate N/A)					
(if not applica						
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The date of each amendment(s) ad date this document was signed.	option:	, if other than the
J		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
05/16/2017	•	
Dated		
Signature	Milain	
selected	rector, president or other officer – if directors or officers have not been by an incorporator – it in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	
1	LIGIA MAGALY DICANIO	
-	(Typed or printed name of person signing)	
1	PRESIDENT	
-	(Title of person signing)	