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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Central Florida He	alth Partners Inc.	•
DOCUMENT NUME	P17000073005		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Armando Morales		
		Name of Contact Perso	n
	Central Florida Health Partne	ers Inc	
		Firm/ Company	
	9560 SW 107 Ave Suite 101	, 20 ,	
		Address	·- · · ·
	Miami FL 33176		
		City/ State and Zip Cod	c
amora	les@assistinghands.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information Armando Morales	n concerning this matter, pleas	se call:	274-6471
Name e	of Contact Person) de & Daytime Telephone Number
	the following amount made		•
S35 Filing Fee	☐S43.75 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

Central Florida Fleath Fartners Inc.	The state of the s	
P17000073095	on as currently filed with the Florida Dept. of State)	
· · · · · · · · · · · · · · · · · · ·	ent Number of Corporation (if known)	
	Statutes, this Florida Profit Corporation adopts the following amen	dment(s)
A. If amending name, enter the new name of the cor	rporation:	
	The	new
	l "corporation," "company," or "incorporated" or the abbrevia " "Inc," or "Co". A professional corporation name must contain	tion
B. Enter new principal office address, if applicable:		_
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS) Price Co	
	The second secon	77
	,016.5 .0.7	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		
(Muning unuress MAT BE A FOST OFFICE BOX		
		_
D. If amending the registered agent and/or registere	ed office address in Florida, enter the name of the	
new registered agent and/or the new registered of	ffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Regis	stand Agent	
	am familiar with and accept the obligations of the position.	
Signat.	ture 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 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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
!)Change	VP	Gail Stout	1026 Regalia Drive
Add			Rockledge, FL 32955
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			-
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac by the shareholders was/were	dopted by the shareholders. The number of votes cast for the ameno sufficient for approval.	Iment(s)
	oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s	
	st for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were accion was not required.	dopted by the board of directors without shareholder action and shareholder	reholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and sharehol	der
12/11/201 Dated		
Signature	_ Calall	
select	director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	Armando Morales	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	