

PI8000037503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

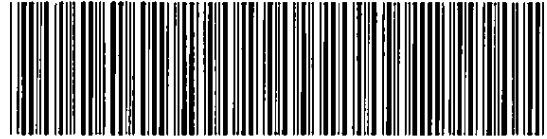
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Anissa Butler

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bradford Health Plans, Inc.
DOCUMENT NUMBER: P 1800037503

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Martha Katherine BRADFORD
Name of Contact Person
BRADFORD Health Plans, Inc.
Firm/ Company
1341 Del Mar Drive
Address
Kissimmee, FL 34759
City/ State and Zip Code
KHdavis@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Katherine BRADFORD at (863) 477-1524
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

BRADFORD Health Plans, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P18 000 37503

(Document Number of Corporation (if known))

FILED

2021 JAN 5 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Bradford Health Plans, Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1341 Del Mar Drive

Kissimmee, FL 34754

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1341 Del Mar Drive

Kissimmee, FL 34754

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

MARTHA KATHERINE BRADFORD W519582

1341 Del Mar Drive

(Florida street address)

New Registered Office Address:

Kissimmee

(City)

Florida

34754

(Zip 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.

X Martha K. Bradford

Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

N/A

[illegible]

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) ☒ Change

PT

Martha Katherine Bradford

W 519583

☒ Add

1341 Del Mar Drive

☐ Remove

Kissimmee, FL 34759

2) ☐ Change

P

William F Bradford

1341 Del Mar Drive

☐ Add

Kissimmee, FL 34759

☒ Remove

3) ☐ Change

☐ Add

☐ Remove

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 11-27-2023

Signature Martha K. Bradford / W Bradford
(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)

MARTHA K. BRADFORD / William BRADFORD
(Typed or printed name of person signing)

^{NEW} PRESIDENT / TREASURER / President
(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2023

YARTHA KATHERINE BRADFORD
1341 DEL MAR DRIVE
KISSIMMEE, FL 34759

SUBJECT: BRADFORD HEALTH PLANS INC.
Ref. Number: P18000037503

We have received your document for BRADFORD HEALTH PLANS INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 823A00027000