P180000083931

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corpora	tions		•	
NAME OF CORPORA	TION: Health	Plan Enrol	lment cente	r, Inc
DOCUMENT NUMBE	R: 718000	0830131		_
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	_		_
-	Regin	a Gunnon	(previously	<u>Pegrila</u> Sara
	10 Fairwa	ay DY #3	305	
	Deerfie	Firm/Company BCh, FZ	33441	
		Address		
		City/ State and Zip Code		
	offic	^ ·	St. com	
<u> </u>	E-mail address: (to be us	ed for future annual report r		_
For further information c	oncerning this matter, pleas	se call:		
Pegina	Gannon		, 901-47	22_
Name of 0	Contact Person	Area Cod	e & Daytime Telephone N	umber
Enclosed is a check for th	ne following amount made p	payable to the Florida Depar	tment 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)	
	g Address	Street A		
	ment Section on of Corporations		nent Section of Corporations	
	ox 6327		ntre of Tallahassee	
	issee, FL 32314		. Monroe Street, Suite 8	10

Marriage Name Change
Regiona Gam

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	HEALTH	PLAN	ENROL	.LMENT	CENTERS.	INC
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(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
P18000083931		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
"Inc.," or Co.," or the designation "C	Corp, "Inc," or "Co".	A professional corporation name must contain the word
B. Enter new principal office address.	if applicable:	10 FAIRWAY DR
	The new aguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," or the designation "Corp," 'Inc," or "Co". A professional corporation name must contain the word fessional association," or the abbreviation "P.A." Incipal office address, if applicable: Indidense MUST BE A STREET ADDRESS #305 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 Indicated agent and/or registered office address in Florida, enter the name of the lagent and/or the new registered office address: REGINA MARIE GANNON	
		DEERFIELD BEACH, FL 33441
D. If amending the registered agent an	OFFICE BOX) id/or registered office ad	
Name of New Registered Agent		
		treet address)
New Registered Office Address:	HOLLYWOOD	. Florida 33021
<u> wew кедіметей Одисе дайтекs</u> .		(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		nt: with and accept the obligations of the position. Revistered Accept, if changing

Check if applicable

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

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> <u>J</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	<u>P</u>	Regina Gannon	Hollywood, FZ 3302
Add		•	Hollywood, FZ 3302
Remove 2) Change		Pegina Sava	5412 MCKINLEY ST
Add Remove S) Change	P		Hollywood, FZ 3302
3) Change			
Remove 4) Change			
Add			
Remove 5) Change			
Add Remove			
6) Change			
Add Remove			

Attach adamban .	dding additional Art sheets, if necessary).	(Be specific)			
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an amendment	provides for an excl	hange, reclassificati	on, or cancellatio	n of issued shares,	L.
provisions for im	plementing the ame	endment if not cont	ained in the amen	dment itself:	
(if not applica	able, indicate N/A)				
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8/1/2022 , if other than the The date of each amendment(s) adoption: ___ date this document was signed. 8/1/2022 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 east 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 (voting group) Dated Signature (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)