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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section

2010 AUG 19 AM 11: 33

SECREDARY OF JOANS. NAME OF CORPORATION: HEALTHCARE RESOURCES OF JACKSONVILLE INC P97000070107

DOCUMENT NUMBER: P97000069107

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

Please return all correspondence concerning this matter to the following:

MICHAEL C MOSLEY

Name of Contact Person

HEALTHCARE RESOURCES OF JACKSONVILLE, INC

Firm/ Company

4612 SAN JUAN AVE

Address

JACKSONVILLE, FL 32210

City/ State and Zip Code

mmosley@hcrjax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (904 Area Code & Daytime Telephone Number MARY L FROIO, EA Name of Contact Person

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

\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327

Street Address Amendment Section Division of Corporations Clifton Building

□\$52.50 Filing Fee Certificate of Status

> Certified Copy (Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

HEALTHCARE RESOURCES OF JACKSONVILLE, INC

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

200 AUG 19 AM 11: 35

The new

P97000069107

(Document Number of Corporation (if known)

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:

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 <u>MUST BE A STREET ADDRESS</u>)

- C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
- 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	MICHAEL C MOSLEY	
	4612 SAN JUAN AVE	
	(Florida street address)	
<u>New Registered Office Address</u> :	JACKSONVILLE	, Florida
	(City)	(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.

mat	The

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)

Remove

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 Doe X Remove <u>v</u> Mike Jones <u>X</u> Add <u>sv</u> Sally Smith Title Type of Action <u>Addres</u>s Name (Check One) VP 4427 Shawnee Street Cameron M. Mosley 1) X Change Jacksonville, Florida 32210 ____ Add ____ Remove 2) ____ Change ____ Add _____ Remove 3) ____ Change Add ____ Remove 4) ____ Change ____ Add ____ Remove 5) ____ Change ___ Add ___ Remove 6) ____ Change _____ Add

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

CHARLES MOSLEY JR EXCHANGED HIS SHARES OF STOCK ON 1/1/2019, AND HAS RESIGNED AS OFFICER.

MICHAEL C MOSLEY IS NOW 100% SHAREHOLDER IN THE CORPORATION AND REMAINS PRESIDENT.

The date of each amendment(s) adoption: ______, if other than the date this document was signed. AUGUST 7, 2019 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 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) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. AUGUST 7, 2019 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, trusters or other court appointed fiduciary by that fiduciary) MICHAEL C MOSLEY (Typed or printed name of person signing) PRESIDENT

<u>.</u> .

(Title of person signing)