## P98000037391

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## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: A	mendment to Skyler Jacksonville, Ir	nc Name Change	
DOCUMENT	T NUMBER: P98000037391	·	
The enclosed	Articles of Amendment and fee are	submitted for filing.	
Please return	all correspondence concerning this	matter to the following:	
	Sondra McCrory		
		e of Person)	<del></del>
	Delta Health Group, Inc.		
٠	(Name of	Firm/ Company)	<del></del>
	2 N. Palafox Street		
	(A	Address)	
	Pensacola, Florida 32502		
	(City/ State	e/ and Zip Code)	
For further in	formation concerning this matter, pl	lease call:	
Sondra McCro	ry	at ( <u>850</u> ) <u>430-0187</u>	
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a	check for the following amount:		
□ \$35 Filing Fe	e	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
	Mailing Address	Street Address	
	Amendment Section Division of Corporations	Amendment Section  Division of Corporation	
	P.O. Box 6327	409 E. Gaines Stree	
	Tallahassee, FL 32314	Tallahassee, FL 32	

## Articles of Amendment to Articles of Incorporation of

Skyler Jacksonville, Inc.	
(Name of corporation as currently filed with the Florida Dept. of State)	
P98000037391	
(Document number of corporation, if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> adopts the following amendment(s) to its articles of incorporation:	tion
NEW CORPORATE NAME (if changing):	-
Skyler Tampa, Inc.	
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "	Co.")
AMENDMENTS ADOPTED- Indicate Article Number(s) and/or Article Title(s) being amended or deleted: (BE SPECIFIC)	ended,
Please amend Article I, Name, to read as follows: The name of this corporation shall be	·····
Skyler Tampa, Inc. ("Corporation"). The Corporation shall have perpetual existence, commenci	ng
on the date of filing of these Articles of Incorporation in the Office of the Secretary of State of th	<u>e</u>
State of Florida.	182 Q
	SE SE
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	<del>}</del>
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(A ttack additional magaz if magazani)	
(Attach additional pages if necessary)	
If an amendment provides for exchange, reclassification, or cancellation of issued shares, profor implementing the amendment if not contained in the amendment itself: (if not applicable, inc	ovisions dicate N/A)
N/A	

(continued)

The date of each amendment(s) adoption: 1/5/04
Effective date, if applicable: 1/5/04
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☑ The amendment(s) was/were approved 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)
(Young 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.
Signed this 5th day of January , 2004 .
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)
Scott J. Bell
(Typed or printed name of person signing)
President
(Title of person signing)