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COVER LETTER

Division of Corporations NAME OF CORPORATION: Cape Health Properties, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tracy G. Cummings Name of Contact Person Health First, Inc. Firm/ Company 3300 Fiske Boulevard, Bldg. B Address Rockledge, FL 32955 City/ State and Zip Code tracy.cummings@hf.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tracy G. Cummings Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee **\$35** Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address

> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

Cara Harlet Burnandar Inc

Cape Health Properties, Inc.					
(Name of Corporation	n as currently file	d with the Florida Dep	t. of State)		•
\$74943					
(Docume	nt Number of Con	poration (if known)			
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Flori</i> e	da Profit Corporation a	dopts the following	g amend	ment(s) to
A. If amending name, enter the new name of the cor	poration:				
name must be distinguishable and contain the word "cor". "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or "Co". A pro			n "Corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	<u>RESS</u>)		<u></u>		
	_				
	_				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	9 _				
				2928	
		_	- .	MAR	žž.
	_			2	_07.T
D. If amending the registered agent and/or registere		n Florida, enter the na	me of the	<u> </u>	
new registered agent and/or the new registered or	ffice address:			PH	
Name of New Registered Agent				· .>	
				9	••
	(Florida street ad	dress)		-	
New Registered Office Address:			Florida		
	(City)		(Zip C	Code)	_
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I		nd accept the obligation	ns of the position.		
				_	
Signat	ure of New Registe	ered Agent, if changing			
53 1 16 H 13 13					

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)

Example:

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.

X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	DVT	_	Joseph G. Felkner	6450 US Hwy 1
Add	•			Rockledge, FL 32955
X Remove				
2) Change	DVT		Michael A. Scialdone	6450 US Hwy 1
X Add				Rockledge, FL 32955
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				<u></u>
Remove				
6) Change		_		
Add				
Remove				

насп <i>ааатоп</i>	nal sheets, if necessary).	(Be specific)			
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					<u>.</u>
					
					
	- 		·		
					
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<u> </u>		_			
	-				
 .			-		
an amendme provisions for	ent provides for an exc r implementing the am	hange, reclassifica endment if not cor	ition, or cancellat itained in the am	ion of issued snare endment itself:	3.
(if not app	olicable, indicate N/A)				
_					
_					
		· · · · - · ·			
					
			_		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	January 8, 2020 (no more than 90) days after amendment	
	(no more than 90)days after amendment	file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing req Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors withou	ut shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for sufficient for approval.	or the amendment(s)
* *	pproved by the shareholders through voting groups. The or each voting group entitled to vote separately on the an	
"The number of votes ca	st for the amendment(s) was/were sufficient for approva	1
by		"
•	(voting group)	
Dated	3/13/2020	
Signature V		
` 1	director, president or other officer - if directors or office	
	ted, by an incorporator – if in the hands of a receiver, truinted fiduciary by that fiduciary)	istee, or other court
	Nicholas W. Romanello	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	