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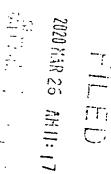
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Health First Admini	strative Plans, Inc.		
N17000006150 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub			
Please return all correspondence concerning this matt	er to the following:		
Tracy G. Cummings			
	(Name of Contact Pe	erson)	
Health First, Inc.			
	(Firm/ Company	<u>'</u>)	
3300 Fiske Boulevard, Bldg. B			
	(Address)	· -	
Rockledge, FL 32955			
	(City/ State and Zip	Code)	
tracy.cummings@hf.org			
E-mail address: (to be use	d for future annual rep	ort notificatio	n)
For further information concerning this matter, please	e call:		
Tracy G. Cummings	at	321	434-6646
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of	State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif s Certif (Addi	0 Filing Fee ficate of Status fied Copy fitional Copy is fosed)
Mailing Address Amendment Section		reet Address nendment Sect	ion
Division of Corporations	Di	vision of Corp	orations
P.O. Box 6327	Th	ne Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Health First Administrative Plans, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000006150 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: (Florida street address) New Registered Office Address: (City) 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. 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)

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 X Remove X Add	<u>V</u> <u>Mike</u>	n <u>Doe</u> e Jones y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	<u>DT</u>	Joseph G. Felkner	6450 US Highway 1 Rockledge, FL 32955
x Remove			
2) Change Add	DT	Michael A. Scialdone	6450 US Highway 1 Rockledge, FL 32955
Remove 3) Remove Add Remove			
4) Change Add			
Remove			www.
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		Articles, enter change(s) here: v). (Be specific)	
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The date of each amendment date this document was signed	t(s) adoption:	, if other than the
	January 8, 2020	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will no he Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/w was/were sufficient for a	vere adopted by the members and the number of votes cast for the amendment(s) oppoval.	

Dated Signature	By the chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Nicholas W. Romanello
	(Typed or printed name of person signing)