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## COR AMND/RESTATE/CORRECT OR O/D RESIGN

HERNANDO HEALTHCARE, INC.

NOG BCT 30 AM 8: 00 NESRETARY OF STATE ILLAHASSEE, FLORIDA

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10/30/2009

P.02

**Articles of Amendment** Articles of Incorporation



| of   | ALLAHASSEE FLORIDA |
|--|--------------------|
| Hernando Healthcare, Inc.                                    | EFL ORIOA          |
| (Name of Corporation as currently filed with the Florida Dep | t. of State)       |
| 763910   | _                  |
| (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:

| Quality of Life  | e Community S    | ervices. Inc.              |                   |
|--|------------------|----------------------------|-------------------|
| The new name must be distinguishable and<br>abbreviation "Carp." or "Inc." <u>"Company</u> " | contain the word | "corporation" or "inco     | orporated" or the |
| B. Enter new principal office address, if applicable   |                  | 625 Court Street           | •                 |
| Principal office address MUST BE A STRI  |                  | Clearwater, FL 337         | 1756              |
|  |                  |                            |                   |
| C. Enter new mailing address, if applicab<br>(Mailing address MAY BE A POST OF)              |                  | EBOX) 625 Court Street - 2 |                   |
|  |                  | Clearwater, FL 337         | 56                |
|  |                  |                            |                   |
| D. If amending the registered agent and/onew registered agent and/or the new re              |                  |                            | er the name of th |
| Name of New Registered Agent:  | Stephen O. Cole  |                            | · <b>-</b>        |
|  | 625 Court        | Street - 2nd Floor         | _                 |
| New Registered Office Address:   | (Flori           | ida street address)        | _                 |
|  | <b>C</b>         | learwater                  | _ Florida 33756   |
|  | · ·              | 79017701                   | FIOTICE CO.       |

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

Page 1 of 3

Type of Action

OCT-30-2009 10:36

Title

Name

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)

<u>Address</u>

| ID                                     | James Heenan                                  | 7235 Bryan Dairy Road                 | 🗖 Add                                 |
|--|---|---------------------------------------|---------------------------------------|
|  |   | Largo, FL 33777                       | Z Remove                              |
|  |   |                                       |                                       |
| SD                                     | Lois Bosworth                                 | 7235 Bryan Dairy Road                 | □ Add                                 |
| <u> </u>                               |   | Largo, FL 33777                       | ☐ Remove                              |
|  |   |                                       | <del>_</del>                          |
|  | N   |                                       |                                       |
| <u>D</u>                               | Nancy Jeanne Castellano                       | 625 Court Street                      | — ☑ Add                               |
|  |   | Cleanwater, Fl 33756                  | Remove                                |
|  |   |                                       | _                                     |
|  |   |                                       |                                       |
| E. <u>If amen</u>                      | ding or adding additional Articles, ent       | er change(s) here:                    |                                       |
| (attach a                              | dditional sheets, if necessary). (Be spe      | ecific)                               |                                       |
| Article IV                             | - Mission: Quality of Life Commun             | nity Services promotes reside         | ent empowerment                       |
| 7 11 (1010 11                          | model and a second                            | ,                                     |                                       |
| by bringir                             | ng a network of on-site wellness pr           | rograms, transportation optio         | ns and educational                    |
|  | la' b' caste to all a consultant a succession |                                       |                                       |
| opportun                               | ities directly to the under served s          | enior, aquit disabled and ecc         | onomically                            |
| disadvan                               | taged populations at group living o           | communities. Our goals are t          | to 1) identify                        |
|  |   |                                       |                                       |
| life-advar                             | ncing services and the resources n            | nost needed by a community            | to achieve their                      |
| مرائية المرا                           | Lend collective coals: 2) provide a           | coossible colutions that onba         | nno nach raeidant's                   |
| IUOIAIODS                              | and collective goals; 2) provide a            | coessible solutions that enha         | ince each residerits                  |
| quality of                             | life; 3) build long term relationship         | s with community stakeholds           | ers and the people                    |
| <del></del>                            |   |                                       |                                       |
| we serve                               | and, 4) implement supportive serv             | vices that motivate while enc         | ouraging personal                     |
| responsit                              | oility.                                       |                                       |                                       |
| reaponair                              | omity.  |                                       |                                       |
|  |   |                                       |                                       |
|  |   |                                       |                                       |
|  | · · · · · · · · · · · · · · · · · · ·         | <u> </u>                              | ·····                                 |
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|  |   |                                       |                                       |
|  |   |                                       |                                       |

| The date of each amendment                                | (s) adoption: 10/20/09   |
|---|--|
| Effective date <u>if applicable</u> :                     | (date of adoption is required) immediately   |
|   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                                  | (CHECK ONE)  |
| The amendment(s) was/wer was/were sufficient for apparent | e adopted by the members and the number of votes cast for the amendment(s) oval.   |
| I There are no members or n adopted by the board of dir   | nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.  |
| Dated_10/2  | )/09   |
| Signature   |  |
|   | the chairman or vice chairman of the board, president or other officer-if directors  |
| hav   | e not been scheded, by an incorporator - if in the hands of a receiver, trustee, or receiver from the following by that fiduciary) |
|   | ,,,,   |
|   | Michael J. Moses Jr.   |
|   | (Typed or printed name of person signing)  |
|   | Director   |
|   | (Title of person signing)  |

Page 3 of 3

| Title | Name           | Address          | Type of Action |
|-------|----------------|------------------|----------------|
| D     | Charles "Trip" | 625 Court Street | Add            |
|       | Weaver         | Clearwater, FL   |                |
| 1     |                | 33756            |                |