N21000012103

(Requestor's Name)
(Address)
(Address)
(Audress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manuactions to 1 ming emeen.

Office Use Only



600408450126

05.22/23--01020--027 **35.00

23 MAY 22 PM 6: 27

07/17/2023 J.C

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Northeast Floric NAME OF CORPORATION:	la Chapter of HPNA		
N21000012103 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this			
Ashley Hollis			
	(Name of Contact	Person)	
	(Firm/ Compa		
701 N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(ranv Compa	шуу	
781 Nottingham Forest Circle	/ 4. J.J		
	(Address)		
Saint Johns, FL 32259			
	(City/ State and Zi	p Code)	
ahollis@communityhospice.com			
E-mail address: (to be	used for future annual r	eport notification	on)
For further information concerning this matter, pl	ease call:		
Meredith Fischer		904 at	614-0470
(Name of Contact Pe	rson)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount ma-	de payable to the Florid	a Department o	f State:
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State		Certi z is Certi (Add	50 Filing Fee dicate of Status died Copy litional Copy is losed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Ā L	Street Address Amendment Sec Division of Corp The Centre of	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Northeast Florida Chapter of HPNA					
(Name of Corporation as currently filed with th	e Flor <u>ida</u> I	Dept. of State)			
N21000012103					
(Docu	nent Numb	er of Corporation	on (if known)		
Pursuant to the provisions of section 617,1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida</i>	Not For Profit Cor	poration adopts the	following
A. If amending name, enter the new name of th	e corporat	ion:			
					_The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam	d "corporat <u>e</u> .	ion" or "incor _l	porated" or the abb	oreviation "Corp." (or "Inc."
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET).)			
					- 23
C. Enter new mailing address, if applicable:	4030				23 MAY 22 PH 6: 27
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)				
					- ~~ - ~~
					<u></u>
D. If amending the registered agent and/or regi	stered offic	e address in F	lorida, enter the n	ame of the	%،
new registered agent and/or the new register					7
Name of New Registered Agent:	Meredith	Fischer			
	616 Pinela	ind Lane			
			(Florida street ada	lress)	
New Registered Office Address					
	Saint John			, Florida	
		(City)		(Zip Code)	
New Registered Agent's Signature, if changing					
I hereby accept the appointment as registered ager	it. Lam fai	niliar with and	accept the obligation	ons of the position.	
	7/	7	-1/1 -	_	

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.

12	•		
Example: X Change X Remove A Add		<u>Doe</u> Jones <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change × Add	<u>T</u>	Meredith Fischer	616 Pineland Lane Saint Johns, FL 32259
Remove			
2) Change Add			
Remove 3) Remove Add Remove		·	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		· · · · · · · · · · · · · · · · · · ·	
Remove			
E. If amending or addin (attach additional shee		rticles, enter change(s) here: . (Be specific)	

		
		
		· - ·- •·
		<u> </u>
The date of each amendment(s) adoption date this document was signed.	:	, if other than the
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Departmen	a not meet the applicable statutory filing requirements, this date will not be nt of State's records.	e listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by was/were sufficient for approval.	by the members and the number of votes east for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated <u>5/17/2023</u>
Signature Ashly Wolks
(By the chairman or dee chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Ash (ey Holli 5 (Typed or printed name of person signing)
5/17/23 Secretary (Title & person signing)

.