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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Ві | isiness Entity Nar | ne) | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations -

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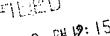
| NAME OF CORPORATION: | NERAL HOSE | PITAL AUXILIARY, INC. | | | |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: 709578 | | | | | |
| The enclosed Articles of Amendment and fee are sub- | nitted for filing. | | | | |
| Please return all correspondence concerning this matte | er to the following: | | | | |
| Donia A. | Roberts | . | | | |
| 0011100111 | (Name of Contact Pers | on) | | | |
| Donia A. Rot | perts P. | A. | | | |
| | (Firm/ Company) | | | | |
| 257 SE DR. MLK | Jr. Blue | <u>را</u> . | | | |
| | (Address) | | | | |
| Belle Glade, F | 1. 334 | 30 | | | |
| • | (City/ State and Zip Co | de) | | | |
| Attorney a doniaroberts la .com E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please of | call: | | | | |
| FRANCES ADAMS | _{at (} 561 | 993-0990 | | | |
| (Name of Contact Person) | (Area C | Code & Daytime Telephone Number) | | | |
| Enclosed is a check for the following amount made pay | yable to the Florida Dep | partment of State: | | | |
| ■ \$35 Filing Fee ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) | | | |
| Mailing Address | | t Address | | | |
| Amendment Section Division of Corporations | | dment Section on of Corporations | | | |
| P.O. Box 6327 | Clifton Building | | | | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation



GLADES GENERAL HOSPITAL AUXILIARY, INO (Name of Corporation as currently filed with the Florida Dept. of State) 709578 (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: LAKESIDE MEDICAL CENTER AUXILIARY, INC. 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

Signature of New Registered Agent, if changing

(Florida street address)

Florida

(Zip Code)

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>PT</u> <u>V</u> <u>SV</u> | John Doe Mike Jones Sally Smith | | |
|-----------------------------------|------------------------------------|---------------------------------------|------------------|---------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address |
| 1) Change Add Remove | | <u> </u> | - <u>-</u> - | |
| 2) Change Add | | | | |
| Remove 3) Change Add | | | | |
| Remove 4) Change Add | | <u></u> | | |
| Remove 5) Change Add | _ | | | |
| Remove 6) Change Add | | | | |
| Remove | | | | |

| If amending or adding additional Articletach additional sheets, if necessary). | (Be specific) |
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| | e date of each amendment(s) ad e this document was signed. | option: | , if other than the |
|------|--|--|---------------------|
| Effe | ective date <u>if applicable</u> : ' | | |
| | | (no more than 90 days after amendment file date) | _ |
| Ado | option of Amendment(s) | (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were accuracy was/were sufficient for approva | lopted by the members and the number of votes cast for the amendment(s) l. | |
| | There are no members or membadopted by the board of director | pers entitled to vote on the amendment(s). The amendment(s) was/were pers. | |
| | Dated | 20/2015 | |
| | Signature Trans | esta damas | |
| | Have not bee other court a | man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator — if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | Frances | (Typed or printed name of person signing) | |
| | Donid | (Typed or printed name of person signing) | |
| | - Trace | (Title of person signing) | |