727231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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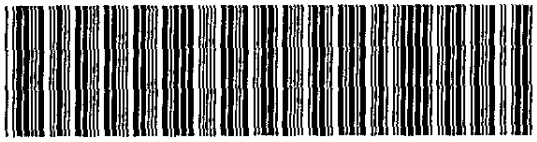

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: Volunteers of New Port Richey Hospital, Inc.

DOCUMENT NUMBER: 727231

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Prace
(Name of Contact Person)

(Firm/ Company)

4745 Floramar Terrace
(Address)

New Port Richey, FL 34652
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

David Prace at (727) 847-3129
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Volunteers of New Port Richey Hospital, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

727231

(Document number of corporation (if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NEW CORPORATE NAME (if changing):

Community Hospital Volunteers, Inc.

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

The name of the Corporation will now become the following:

Community Hospital Volunteers, Inc.

(Attach additional pages if necessary)

(continued)

The date of adoption of the amendment(s) was: 10/26/2004

Effective date if applicable: 10/26/2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 4th day of November, 2004.

Signature _____
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

David Prace
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: $35