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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TTRUS AND THE NATURE COAST, INC.
768626 DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Karl David Acuff	
	(Name of Contact Person)
Law Offices of Karl David Acuff	
	(Firm/ Company)
1615 Village Square Blvd, Suite 2	
	(Address)
Tallahassee, FL 32309	
	(City/ State and Zip Code)
lawyers@floridacourts.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	rase call;
Karl Acuff	850 671-2644
(Name of Contact Per	rson) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of State	e & □\$43.75 Filing Fee & □\$52.50 Filing Fee tus Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

Hospice of Citrus County, Inc.	9919 DEC 10 A >> 18
(Name of Corporation as curren	
768626	,是 不是我们的
(Document Numb	er of Corporation (if known) The Little Law Ca
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporati	ion:
FRIENDS OF CITRUS AND THE NATURE COAST, INC.	
name must be distinguishable and contain the word "corporat "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc.
B. Enter new principal office address, if applicable:	3264 W. Audubon Park Path
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Lecanto FL 34461
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) D. If amending the registered agent and/or registered office new registered agent and/or the new registered office as	
Name of New Registered Agent.	
New Registered Office Address;	Olorula street addressa
	. Florida
	. Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fair	
Si	ignature 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	$\underline{\mathbf{V}}$	<u>John Doe</u> Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Hone	
Add			
Remove			
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	te this document was signed.	_, if other than the
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records.	re listed as the
Ado	Inption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	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>December 12, 2018</u>	
	Signature My	
	(By the chairman of vice 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)	
	Mark J YERMAU (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	BUARD PRESIDENT	
	(Title of person signing)	