

# No 1000005238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

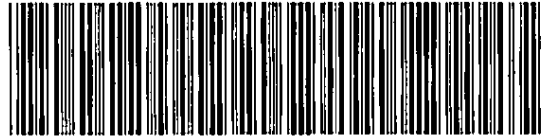
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2018 JUN 18 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. GOLDEN

JUN 19 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Villagers for Hospice, Inc.

DOCUMENT NUMBER: N01000005238

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

Please return all correspondence concerning this matter to the following:

Arlene Bentz

(Name of Contact Person)

Villagers for Hospice, Inc.

(Firm/ Company)

12205 N. US Hwy 301

(Address)

Oxford, FL 34484

(City/ State and Zip Code)

Benga7@AOL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Torr, Treasurer

352

750-5177

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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**

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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 7, 2018

ARLENE BENTZ  
12205 N. US HIGHWAY 301  
OXFORD, FL 34484

SUBJECT: VILLAGERS FOR HOSPICE, INC.  
Ref. Number: N01000005238

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Page 1 is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 118A00011921

RECEIVED  
18 JUN 18 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2018 JUN 18 PM 4: 58

Villagers for Hospice, Inc.

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

N01000005238

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:**

Villagers Life Care Advocates, Inc.

*The new 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)

12205 N. Hwy 301

Oxford, FL.

34484

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

12205 N. Hwy 301

Oxford, FL.

34484

**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 Office Address:

(Florida street address)

12205 N. Hwy 301 Oxford

(City)

Florida 34484

(Zip Code)

**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*

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Arlene Bentz</u>	<u>12205 N. US Hwy 301</u> <u>Oxford, Fl</u> <u>34484</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Barbara Williams</u>	<u>12205 N. Hwy 301</u> <u>Oxford, Fl</u> <u>34484</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Mary Torr</u>	<u>12205 N. Hwy 301</u> <u>Oxford, FL</u> <u>34484</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>S</u>	<u>Barbara Bohnstedt</u>	<u>12205 N. Hwy 301</u> <u>Oxford, Fl</u> <u>34484</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>          </u>	<u>                                  </u>	<u>                                  </u> <u>                                  </u> <u>                                  </u>

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

Article I: Name Change: Change from Villagers for Hospice, Inc. to Villagers Life Care Advocates, Inc.

Article II: Principal Office and Mailing Address: Change from 11962 CR 101 Suite 302-27 The Villages, FL to  
12205 N. US Hwy 301 Oxford, FL 34484

Article III: Purpose: The Corporation is organized exclusively for charitable, educational, religious or scientific purposes  
within the meaning of section 501(c) 3 of the Internal Revenue Code.

Article IV: The current Registered Office and Agent is: Arlene Bentz 12205 N. US Hwy 301 Oxford, FL 34484

Article V: N/A

Article VI: N/A

Article VII: N/A

Article VIII: No person or entity shall ever receive any profit or dividend from this Corporation, and upon a dissolution  
of the Corporation, any assets remaining after satisfaction of all Corporation obligations shall be distributed to a charitable  
not for profit organization.

Article IX: N/A

Article X: N/A

Article XI: N/A

June 1, 2018

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption 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 June 4, 2018 \_\_\_\_\_

Signature Arlene Bentz  
(By the chairman or 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)

Arlene Bentz  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)