

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6380

From:

: STEPHEN S. MATHISON, P.A. Account Name

Account Number : I20040000071 : (561)624-2001

: (561)624-0036 Fax Number

R. WHITE

MAR 1 6 2018

the email address for this business entity to be used for future Zannual report mailings. Enter only one email address please.\*\*

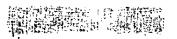
Email Address: vamaya@mathisonwhittles.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN HOSPICE OF PALM BEACH COUNTY FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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Articles of Amendment Articles of Incorporation

	01
HOSPICE OF PALM BEACH COUNTY FOUNDATIO	
	rrently filed with the Florida Dept. of State)
N05000011576	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Su amendment(s) to its Articles of Incorporation:	atutes, this <i>Florida Not For Profit Corporation</i> adopts the following
A. If amending name, enter the new name of the corpo	ration:
TRUSTBRIDGE FOUNDATION, INC.	The new
name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name.	oration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRE</u>	<u>\$\$</u> )
C. Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered onew registered agent and/or the new registered officer.	
Name of New Registered Agent:	Mathison Whittles, LLP
NAME OF THE PARTICLE ARCH.	5606 PGA Blvd., Suite 211
	(Florida street address)
New Registered Office Address:	
Palr	n Beach Gardens Florida 33418
	(City) (Zip Code)
Now Registered Agent's Signature, if changing Register	rod Agenti
hereby accept the appointment as registered agent. I an	i jamular with and accept the optigations of the position.
	g WE
	Signature of New Registered Agent, if changing

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

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(attach additional shee	is, if necessary). (B	e specific)	<del></del>		
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	e date of each amendment(s) ac this document was signed.	option:	if other than the
Eff	ective date <u>if applicable:</u>		•
		(no more than 90 days after amendment file date)	
<u>Not</u> doc	e: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statutory filing requirements, this date partment of State's records,	will not be listed as the
Ado	pption of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/were ac was/were sufficient for approve	opted by the members and the number of votes east for the amendmen I.	ıt(s)
	There are no members or membadopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/werrs.	c
	Date: 3/12	sli8	
	Signature.		
	(By the chair have not bee	nan or vice chairman of the board, president or other officer-if directo in selected, by an incorporator – if in the hands of a receiver, trustee, o ppointed fiduciary by that fiduciary)	
	GREG E	LEACH	
		(Typed or printed name of person signing)	-
	PRESIDI	ent .	
	<del></del>	(Title of person signing)	-