N11000002761

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HOPE HOSPICE AND ADULT DAYCARE INC.

DOCUMENT NUMBER: N11000002761

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

Please return all correspondence concerning this matter to the following:

Debra Johnson
(Name of Contact Person)

HOPE HOSPICE + ADULT DAYCARE INC.
(Firm/ Company)

1560 ROBERT DRIVE
(Address)

JACKSONVILLE FL 32250
(City/ State and Zip Code)

For further information concerning this matter, please call:

Debra Johnson at (904) 303-5535
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

HOPE HOSPICE AND ADULT DAY CARE, INC.

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

N11000002761

(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:

NEW CORPORATE NAME (if changing):

Flourish 4 LIFE HOSPICE + ADULT DAY CARE 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)

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TALLAHASSEE, FLORIDA

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 3/8/2011

Effective date if applicable: 3/15/2011
(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.

Signature _____
(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.)

Debra Johnson
(Typed or printed name of person signing)

_____
(Title of person signing)

FILING FEE: $35