N18000010662

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only

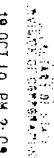


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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| CHAPTERS HEALT NAME OF CORPORATION: | TH HOSPICE - 9B. INC. |
|--|--|
| N18000010662 | |
| DOCUMENT NUMBER: | |
| The enclosed Articles of Amendment and fee are subm | nitted for filing. |
| Please return all correspondence concerning this matte | er to the following: |
| Seann Frazier | |
| | (Name of Contact Person) |
| Parker, Hudson, Rainer & Dobbs, LLP | |
| | (Firm/ Company) |
| 215 S. Monroe Street, Suite 750 | |
| | (Address) |
| Tallahassee, Florida 32301 | |
| | (City/ State and Zip Code) |
| MoloskyA(a,chapiershealth.org | |
| E-mail address: (to be used | for luture annual report notification) |
| For further information concerning this matter, please | call: |
| Seann Frazier | 850 681-0191 at |
| (Name of Contact Person | |
| Enclosed is a check for the following amount made pa | yable to the Florida Department of State: |
| ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is Enclosed) |
| Mailing Address | Street Address |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations |
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Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CHAPTERS HEALTH HOSPICE - 9B. INC.

| (Name of Corporation | as currently filed with the Florid | a Dept. of State) |
|---|--|---|
| CHAPTERS HEALTH HOSPICE - 9B, INC. (N18 | 000010662) | |
| (Docum | ent Number of Corporation (if know | wn) |
| Pursuant to the provisions of section 647,1006, Flori amendment(s) to its Articles of Incorporation: | da Statutes, this <i>Florida Not For I</i> | Profit Corporation adopts the following |
| A. If amending name, enter the new name of the | corporation: | |
| Chapters Health Hospice, Inc. | | The new |
| name must be distinguishable and contain the word "Company" or "Co." may not be used in the name | • | |
| B. Enter new principal office address, if applical | | |
| (Principal office address <u>MUST BE A STREET AI</u> | <u> </u> | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | (OX) N/A | 19 OCT 10 PH 2 |
| | | PH 2 |
| D. If amending the registered agent and/or regist | | ter the name of the |
| new registered agent and/or the new registere Name of New Registered Agent: | d office address: N/A | |
| <u>New Registered Office Address:</u> | (Flora | la sircet addressi |
| | | . Florida |
| | (City) | (Zip Coder |
| New Registered Agent's Signature, if changing Re Thereby accept the appointment as registered agent. | egistered Agent: — Lam Jamiliar with and accept the | obligations of the position. |
| | Signature of Year Rouiston | al Janet Wakanaina |

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: \underline{X} Change \underline{X} Remove \underline{X} Add | <u>PT</u> <u>V</u> <u>SV</u> | John Doc Mike Jones Sally Smith | |
|--|------------------------------------|---------------------------------------|-----------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | N/A | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) |
|---|
| (attach adattional sheets, if necessary). The specific) |
| N/A |
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| | each amendment(s) adoption:, if other th ument was signed. |
|--------------|--|
| Effective da | ite if applicable: |
| | tuo more than 90 days after amendment file date) |
| | date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. |
| Adoption o | f Amendment(s) (<u>CHECK ONE</u>) |
| | nendment(s) was/were adopted by the members and the number of votes east for the amendment(s) re-sufficient for approval. |
| | are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors. |
| | Dated October 10, 2019 |
| | |
| | Simulation |
| | Signature |
| | nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other coord appointed fiduciary by that fiduciary) Andrew K. Molosky |
| | nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| | nave not been selected, by an incorporator – if in the hands of a receiver, trustee, or other coord appointed fiduciary by that fiduciary) Andrew K. Molosky |