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## **COVER LETTER**

**TO:** Amendment Section **Division of Corporations** 

AdventHealth C	Osceola South, Inc.		
N20000004225			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		•
Please return all correspondence concerning this	matter to the following:		
Tamara L. Trimble			
	(Name of Contact Pe	rson)	
AdventHealth			
	(Firm/ Company	')	
1634 Cherry Lake Way			
	(Address)		
Lake Mary, Florida 32746			
	(City/ State and Zip C	Code)	
TL.Trimble@AdventHealth.com			
E-mail address: (to be	used for future annual rep	ort notification	on)
For further information concerning this matter, p	lease call:		
Tamara L Trimble	at	407	805-0053
(Name of Contact Pe			(Daytime Telephone Number)
Enclosed is a check for the following amount ma	ide payable to the Florida I	Department o	f State:
□ \$35 Filing Fee □\$43.75 Filing Fee Certificate of Sta	e & =\$43.75 Filing Fee of the Copy (Additional copy is enclosed)	Cert s Cert (Add	50 Filing Fee ificate of Status ified Copy litional Copy is losed)
Mailing Address	Str	eet Address	

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

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

AdventHealth Osceola South, Inc.		
(Name of Corporation as currently filed with the Fl	orida Dept. of State)	
N20000004225		
(Document	Number of Corporation (if ke	nown)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not Fo	r Profit Corporation adopts the following
A. If amending name, enter the new name of the co	rporation:	
AdventHealth Senior Care, Inc.		The new
name must be distinguishable and contain the word "c "Company" or "Co," may not be used in the name.	orporation" or "incorporated	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		<i>پ</i>
		7
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BO.	<u> </u>	C:- 1: 02
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Fi	lorida street address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept	the obligations of the position.
	Signature of New Regist	ered 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 <math>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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	V	Kelly Pettijohn	900 Hope Wav Altamonte Springs, FL 32714
Remove			
2) Change Add			
Remove 3) Change Add Remove			
4) Change Add			
Remove			*** ** * * * * * * * * * * * * * * * * *
5) Change Add		<del>-</del>	
Remove			
6) Change Add			
Remove			
		onal Articles, enter change(s) here: essary). (Be specific)	

Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	
Effective date if applicable:  (no more than 90 days after amendment file date	2)
The date of each amendment(s) adoption:  date this document was signed.  September 17, 2020	, if other than the
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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 by the board of directors.
Į	September 17, 2020  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)
	Tamara L Trimble
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)