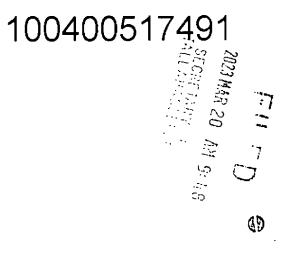
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	J. <sub>H</sub>	ORNE 0 2023
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Office Use Only





02/02/23--01016--010 \*\*52.50



PECEIVED



CEIVE

February 3, 2023

GREGORIE CONSTANT-PETER 11136 BUGENHAGEN DR ORLANDO, FL 32832 US

SUBJECT: WHISPERING GRACE HOSPITAL CORPORATION

Ref. Number: N22000013071

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

The form you submitted is for a BENEFIT SOLUTIONS CORPORATION, but your entity is a NON-PROFIT CORPORATION. Please complete and return the

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

Jasmine N Horne Regulatory Specialist II

Letter Number: 023A00002616

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations pering Grace A20000 1307 1 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gregorie CONSTANT- Keter
(Name of Contact Person) (Address) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at  $\frac{917 - 670 - 5908}{\text{(Area Code)}}$  (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of



 $\mathcal{C}_{3}$ 

1. M		01	10
Whispering Grace Hos	pital	Corporation	
(Name of Corporation as currently filed with the	<u>é Florida D</u>	Dept. of State)	
N22000013071			
(Docun	nent Numbe	er of Corporation (if known)	_
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statute	es, this Florida Not For Profit Corporation adopts the follow	ing
A. If amending name, enter the new name of the			
Whyspering Grace Part	ners	Corporation The n tion" or "incorporated" or the abbreviation "Corp." or "Inc	ene
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	l "corporati e.	tion" or "incorporated" or the abbreviation "Corp." or "Inc	,,
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ible: (DDRESS)	<u>, N/A</u>	_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )	N/A	
D. If amending the registered agent and/or regis	stered offic	ce address in Florida, enter the name of the	
new registered agent and/or the new register	ed office ac	ddress:	
Name of New Registered Agent:	N/A		_
	NA		
New Registered Office Address:	· (	(Florida street address)	
<u> </u>	NA	-	
	MIK	(City) Florida (Zip Code)	
		(City) (Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	Registered <i>i</i> t. Lam fan	Agent: miliar with and accept the obligations of the position.	
	NIA		
_	17 [K	gnature of New Registered Agent, if changing	_
	ગાંદ	унаште ој ivew ксумитеа Ауені, ij 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: X Change X Remove X Add	<u>PT</u> <u>Y</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change Add		NA	
Remove			
2) Change Add		NIA	
Remove 3 ) Change Add Remove		NA	
4) Change Add		NA	
Remove 5) Change Add		NA	
Remove 6) Change Add		NK	
Remove			
E. If amending or addin (attach additional shee		onal Articles, enter change(s) here: vssavy). (Be specific)	
NA			
	_		

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable: (no more than 90 days after amendmen	

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 $\frac{3/15/2023}{}$	
Signature Hugnie askul fleter	_
(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)	
Gregorie CONSTANT-Peter.	
(Typed or printed name of person signing)	
Manager (Title of person signing)	