# N27921

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DIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Corner Stone Hospice For	nca
DOCUMENT NUMBER: N27921	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Nick Buchholz (Name of Contact Person)	
Corneratone Hospice Foundation, ]	INC.
2445 Lane Park Rd.	
Tavares, FC. 32778 (City/State and Zip Code)	
Abuchholz@Cornerstonehospice  E-mail address: (to be used for future annual report notification)	· OVa
For further information concerning this matter, please call:	
Nick Buckholz (Name of Contact Person)  at (352) 742-6800 (Area Code & Daytime Telephone Number	r)
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\sum_{\pmathbb{4}3.75}\$ Filing Fee & \$\sum_{\pmathbb{4}3.75}\$ Filing Fee & \$\sum_{\pmathbb{5}2.50}\$ Filing Fee \( \sum_{\pmathbb{C}}\$ Certificate of Status \)  (Additional copy is Certified Copy enclosed)  (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation

Hospice Foundo	tion of	cake	and Sumt	er, Inc.
(Name of Corporation as currently filed w	ith the Florida Dept.	of State)		_ <b>,</b>
N2792	. }			
(Document Number	of Corporation (if kno	own)		
Pursuant to the provisions of section 617.1006, Flo amendment(s) to its Articles of Incorporation:	rida Statutes, this <i>Flor</i> i	ida Not For Profi	it Corporation adopts th	ne following
A. If amending name, enter the new name of the Corners fone Hosp name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	Pice Foundation" or "in			
	- つし	140-1	12 D 12 0	21
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	$\frac{\text{ble:}}{\text{DDRESS}}) = \frac{\sqrt{7}}{\sqrt{2}}$	vares,	1e fark K , FL. 32	<u>.a</u> . <u>7</u> 78
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>вох</u> ) <u>Sa</u> ,	me as	above.	
D. If amending the registered agent and/or reginew registered agent and/or the new registered  Name of New Registered Agent:		n Florida, enter	the name of the	— එ
				<b>7</b> ₹ .
New Registered Office Address:	(Florida street	address)	<del></del>	SION OF
			Florida	8 <sup>2</sup> / <sub>2</sub>
	(City)		(Zip Code)	AR PC
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		and accept the ob	ligations of the position	œ XX

Signature of New Registered 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 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u> </u>	Ruggie, Thomas H.	2100 Lake Eush's Dr. Tavares, Fc. 32778
2) Change Add Remove		Carpenter, kenneth w.	2701 South Bay St. Eustis, Fl. 32726
3) X Change Add Remove	<u>VC</u>	Collier, Gregory C.	2025 W. Old Highway 441 Mount Dorg, FL. 32757
4) X Change Add Remove	T	Buchanan, Tige	32815 Radio Rd. Loesburg, Fr. 34788
5) Change Add Remove	D	Pyle, Steven P.	4063 N. Goldensod Rd. STE 201 Winter Park, Fr. 32792
6) X Change Add Remove	<u>S</u>	Nagel, Merideth	450 E. Highway 50 Suite 4 Clermon + FL. 34711

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
See Affached Articles of Amendment
See Attached Articles of Amendment Certified resolution and IRS name
Change Status.
- County's Styles
•

### **ARTICLES OF AMENDMENT**

The Articles of Incorporation of HOSPICE FOUNDATION OF LAKE AND SUMTER, INC., a Florida non-profit corporation, were filed with the Florida Secretary of State on August 17, 1988, under Document No. N27921.

1. The following provision of the Articles of Incorporation is hereby amended in the following particular:

The name of this corporation is hereby amended to: CORNERSTONE HOSPICE FOUNDATION, INC.

- 2. All other provisions of the Corporation's Articles of Incorporation shall remain in full force and effect, unaltered except as expressly provided above.
- 3. The foregoing amendment to the Articles of Incorporation was adopted by the members of the Board of Directors of the Corporation effective as of the 25<sup>th</sup> day of May, 2010, and the number of votes cast for the amendment was sufficient for approval. No other members are entitled to vote on this amendment to the Articles of Incorporation.

Inc.)

Ken Carpenter, President

STATE OF FLORIDA COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 21 day of \_\_\_\_\_\_, 2011 by Ken Carpenter, President of Cornerstone Hospice Foundation, Inc., 1 who is personally known to me or [] who has produced \_\_\_\_\_\_ as identification.

Notary Signature
Commission Explication Callahan
Notary Public
Notary Public
State of Florida
Scannet D0956506

Expires 1/27/2014

## CERTIFIED RESOLUTION AUTHORIZING NAME CHANGE AMENDMENT FOR HOSPICE FOUNDATION OF LAKE AND SUMTER, INC.

I, Merideth Nagel, CERTIFY that I am the secretary of Hospice Foundation of Lake and Sumter, Inc., a not-for-profit corporation organized and existing under the laws of the state of Florida (the "Corporation"), and the keeper of the records and corporate seal of the Corporation, and that the following is a true and correct copy of a resolution duly adopted by action of the board of directors of the Corporation at a duly noticed meeting on the 25th day of May, 2010.

RESOLVED, that the Corporation hereby amends its Articles of Incorporation to change its corporate name to **Cornerstone Hospice Foundation**, Inc., and

BE IT FURTHER RESOLVED that the attached Articles of Amendment of even date changing the corporate name to Cornerstone Hospice Foundation, Inc., are hereby approved, and the President is directed to file same with the Florida Secretary of State's office.

I FURTHER CERTIFY that there is no provision in the articles of incorporation or the bylaws of the Corporation limiting the power of the Board of Directors to pass the foregoing resolution and that the same is in conformity with the provisions of said articles of incorporation and bylaws.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed the seal of the Corporation, this <u>3</u> day of June, 2011.

Merideth Nagel, Secretary

The date of each amendment(s) adoption:		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)	
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were	
Dated /-2 Signature	Co Carpento	
(By the chairman have not been s	n of vice chairman of the board, president or other officer-if directors elected, by an incorporator – if in the hands of a receiver, trustee, or binted fiduciary by that fiduciary)	
Kenn	oth L. Carpenter	
Chair	rped or printed name of person signing)	
(T	itle of person signing)	