N96000005690

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14 APR 17 PM 2: 29 SECRETARY OF STATE FALLARASSET FLORID

C. LEWIS

APR 2 3 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	•
NAME OF CORPORATION:Thomas E. Lang	ley Medical Center Foundation, Inc.
DOCUMENT NUMBER: N960000569	0
The enclosed Articles of Amendment and fee are submitted	for filing.
Please return all correspondence concerning this matter to t	he following:
Thomas Chase	
(Nan	ne of Contact Person)
Project Health Inc.	
	(Firm/ Company)
1425 S US Hwy 301	
	(Address)
Sumterville, FL 33585	
(City	/ State and Zip Code)
tchase@telmedical.	
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
Thomas Chase	_{at} 352 793-5900
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made payable	to the Florida Department of State:
(A	3.75 Filing Fee & Status closed) Status 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

14 APR 17 PM 2: 29

Thomas E. Langley Medical Center Foundation, Inc.

SECRETARY OF STATE FALL AHASSEE, FLORIDA

(Name of Corporation as currently filed with the Florida Dept. of State) N96000005690 (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: A. If amending name, enter the new name of the corporation: The Langley Foundation, Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 4

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 X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	-			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	
	NAME OF THE OWNER	



The date of each amendment((s) adoption:	FILED		, if other than the	
date this document was signed.		14 APR 17	PH :	2 : 29	•
Effective date if applicable:					
	(no more than 90 days after ame	ndment-file date) (TALLAHASS	Y OF S EE, Fl	.050%	
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number proval.	of votes cast for the	e ameno	dment(s)	
There are no members or adopted by the board of d	members entitled to vote on the amendment(sirectors.	s). The amendment	t(s) was	s/were	
Dated 4/10	0/14				
Signature (I have de	F0			
(By the have no	chairman or vice chairman of the board, presot been selected, by an incorporator – if in the ourt appointed fiduciary by that fiduciary)				
Thomas	s Chase				
-	(Typed or printed name of person signi	ng)	_		
Preside	ent/CEO				
	(Title of person signing)				