119710002712

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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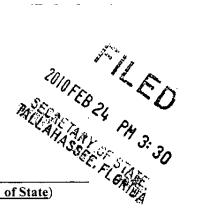
COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: HOSPICE HC	LDINGS, INC.	
DOCUMENT NUM	MBER: N97000002712		
The enclosed Article	es of Amendment and fee are sub	omitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
<u></u>		STANFIELD	
	(Name of	f Contact Person)	
	THE HO	GAN LAW FIRM	
	(Firm	n/ Company)	
	. 20 SO. B	ROAD STREET	
	. (,	Address)	
	BROOKSVILI	LE, FLORIDA 34601	
		te and Zip Code)	
		HOGANLAWFIRM.COM	ation)
For further informat	ion concerning this matter, pleas	e call:	
KIM STANFIELD)	at (352)_799-842	23
(Nam	e of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check	for the following amount made p	payable to the Florida Departmen	t of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	endment Section sion of Corporations Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	ons
Talla	ahassee, FL 32314	2661 Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



HOSPICE HOLDINGS, INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)	TO A
N970	00002712	
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 617.1006, F the following amendment(s) to its Articles of Inc		it Corporation adopts
A. If amending name, enter the new name of	the corporation:	
HPH REA	AL ESTATE, INC.	
The new name must be distinguishable and cor abbreviation "Corp." or " Inc." <mark>"Company" or</mark>		orated" or the
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)	E BOX)	
D. If amending the registered agent and/or renew registered agent and/or the new regist		the name of the
Name of New Registered Agent:		
:		
New Registered Office Address:	(Florida street address)	
<u>-</u>		Florida
	(City)	(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.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	:		Add Remove
	. <u> </u>		
E. If amer (attach a	nding or adding additional Andditional Sudditional sheets, if necessary)	rticles, enter change(s) here: . (Be specific)	

The date of each amendment	(s) adoption:
	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer was/were sufficient for appr	re adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or n adopted by the board of dire	nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
have	the chairman or vice chairman of the board, president or other officer-if directors on the been selected, by an incorporator if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary
	RICHARD YOUNG
	(Typed or printed name of person signing)
	(Title of person signing)

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