## P14000098430

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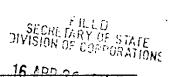
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:		
DOCUMENT NUMB	ER: P14000098430		
The enclosed Articles a	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
;	IOSE EDUARDO GENNAR	Œ	
-	Name of Contact Person		
-		Firm/ Company	
1	P.O.BOX 15135		
-		Address	
•	CLEARWATER - FL 33766		
		City/ State and Zip Cod	2
For further information	E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)
JOSE EDUARDO GEI	NNARE	at ( <sup>727</sup>	) 304.6171
Name of Contact Person		Агеа Со	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



( <u>Name</u>	of Corporation as current	ly filed with the Flor	ida Dept. of State)	5:
SAINT LUKE 'S HOSPITAL GROUP (	CORP			
	(Document Number of	f Corporation (if know	vn)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpo	ration adopts the following amendmen	t(s) t
A. If amending name, enter the new na	ame of the corporation:			
H.R HOTELS & RESTAURAMTS SUP	PLIES CORP		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	'Co". A professional		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. BOX 15135		
		CLEARWATER -	-FL 33766	
D. If amending the registered agent an new registered agent and/or the ne			the name of the	
Name of New Registered Agent	JOSE EDUARDO DE GE			
CHICA OF THE STATE	483 MANDALY AVE ST	TUIRE 300 - 24		
	(Florida st	rect address)		
. New Registered Office Address:	CLEARWATER BEACH	[-	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			bligations of the position.	
7 77				
**************************************	Signature of New I	Registered Agent, if ch	anging	

## 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>	Name	<u>Addres</u> s
1) Change	P	HOSPITAL & HOTEL SUITES OF 1	481 MANDALAY AVE STE 300-2
Add			CLEARWATER BEACH - FL337
X Remove			
2) Change	SEC	HOSPITAL & HOTELS SUITES OI	483 MANDALAY AVE STE 200 -
Add			CLEARWATER BEACH - FL 337
X Remove			
3) Change	CFO	JOSEPH CITRIGNO	483 MANDALAY AVE STE 200 -
Add			CLEAWARTER BEACH - FL 337
X Remove			
4) Change	SEC	JOSE EDUARDO GENNARE	483 MANDALY AVE STE 200-24
X Add			
Remove			CLEARWATER BEACH - FL 337
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

COPORTAETE BSUISE	ts, if necessary). (Be s			
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. If an amendment proy provisions for implen (if not applicable,	nenting the amendmen	reclassification, or e t if not contained in	cancellation of issued : the amendment itself	s <u>hares.</u> :
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date-if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this locument's effective date on the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following stamust be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
APRIL 20,2016 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	

(Title of person signing)