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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Annie Wilson Homecare, Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Annie Doris Brown Name of Contact Person Annie Wilson Homecare, Inc. Firm/ Company 1225 West Beaver Street Suite 114 Address Jacksonville FL 32204 City/ State and Zip Code wls970@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Annie Doris Brown Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Annie Wilson Homecare, Inc					
(Name of Co	rporation as current	ly filed with the Florida	a Dept. of State)		
P01000112910					
	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporat	tion adopts the foll	owing amendm	ent(s) to
A. If amending name, enter the new name of	of the corporation:				
Annie Wilson Homecare Services, Inc				The nev	11,7
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp." "chartered," "professional association," or the	" "Inc," or "Co".	A professional corporat		viation "Corp.,	**
B. Enter new principal office address, if app	alicables	N/A			
(Principal office address MUST BE A STREE			•		
				77-	entire.]
					and the second
C. Enter new mailing address, if applicable	cable:	N/A			
(Mailing address <u>MAY BE A POST OFF)</u>	(CE BOX)			2	
				· · · · · · · · · · · · · · · · · · ·	نب
				0.0	
D. If amending the registered agent and/or	registered office add	ease in Clarida, antar th	a name of the	1:1	
new registered agent and/or the new reg			te name of the		
Name of New Registered Agent					
Name of New Registered Agent					
	(Florida st	reet address)			
	,	,			
New Registered Office Address:		(Citv)	, Florida	(Zip Code)	
		(
New Registered Agent's Signature, if changi	ng Registered Agent	<u>:</u> 	and an and the same	••	
I hereby accept the appointment as registered of	igeni. Tam jamiliar	with and accept the oblig	gations of the posit	10n.	
	Signature of New R	egistered Agent, if chang	ging		

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

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.

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)	Tule	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			#
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
orovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself;	
(3,		

•

The date of each amendment(s) adoption:	if other than the
date this document was righed.	
Effective date <u>if applicable</u> : N/ f} (no more than 90 days after amendment file date)	
(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 date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by Annie Doris Brown " (voting group)	
(voting group)	
Dated	
Signature Mans Plans	
(By a director, president or other officer – if directors or officers have not been	-
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
4	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	