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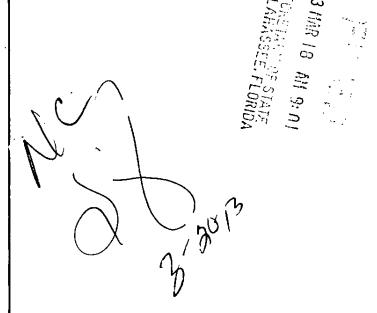
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## **COVER LETTER**

TO: Amendment Section Division of Corpora	tions			
NAME OF CORPORA DOCUMENT NUMBE	Tion: Tita R: P06000	los Mar	nagement, I	M C
	Amendment and fee are su			
Please return all correspo	ondence concerning this ma			
	John Wood Rice	Name of Contact Person  Mana Gl  Firm/ Company  odlab Bh  Address  City/ State and Zip Cod  Cod Mb? Posed for future annual report	ment, Inc.  1d #2111  3346 3  rospect Manag	e ment. com
For further information c	oncerning this matter, pleas	se call:		
Lucy	Modrie	at ( 56/	de & Daytime Telephone Number	4
Name of	Contact Person	Area Co	de & Daytime Telephone Number	<del></del> r
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	artment 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)	
Maili-	~ 4 dd	64	A 3 3	

## Mailing Address

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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

		free to
Articles of Ame to Articles of Incor Of May		Tu Casses Final
(Name of Corporation as currently filed with the Flo		$\sigma_{A} \partial_{\mathcal{A}}$
(Document Number of Corporation (if k		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation ad	dopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:  Concie rge Home Health Care  name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	" "company," or "incorpe o". A professional corpore	Blackes The new orated" or the abbreviation atton name must contain the
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 new registered agent and/or the new registered office address:  Name of New Registered Agent	s in Florida, enter the nan	ne of the
(Florida street New Registered Office Address:	t address)	
(City)	, Fiorida_	(Zip Code)

Signature of New Registered Agent, if changing

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.

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>	<u>John Doe</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			<del></del>
Remove			
2) Change			
Add			
Remove			
3 ) Change	140 days		
Add			
Remove			
4) Change			
Add	-		
Remove			
5) Change			
Add			The state of the s
Remove			<del></del>
6) Change	<del></del>		
Add			
Remove			

9	icles, enter change( (Be specific)			
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The date of each amendment(s) ad	3/09/13
. ,	3/11/12
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
☐ The amendment(s) was/were appromust be separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and shareholder
Dated	3/9/13
Signature	Tyup Min
selected	rector, president or other officer — if directors or officers have not been I. by an incorporator — if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Lucy Modric
	(Typed or printed name of person signing)
	MGR
	(Title of person signing)