## Florida Department of State

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MM MEDICARE AND MORE HOME HEALTH AGENCY, INC

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## Articles of Amendment to Articles of Incorporation of

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MM Medicare and f				
(Name of Corporation as co	errently filed with	the Florida Dept. o	f State)	
P	09000002277			
(Document )	Number of Corporat	tion (if known)	<del></del>	
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this <b>Florida Pr</b>	ofit Corporution ad	iopts the following
A. If smending name, enter the new nam	s of the corporatio	on:		
Saint Peter Ho	me Health Care	Agency, Inc.		The new
name must be distinguishable and contact abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	orp," "Inc." or "C	o". A professional	led" or the corporation
B. Enter new principal office address, if a		n/a		_
(Principal office address MUST RE A STR	<u>EET ADDRESS</u> )			
			<del></del>	
C. Enter new mailing address, if applical	ble:			
(Mailing address MAY BE A POST OF	FICE BOX	n/a		_
				<del></del>
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office egistered office ad	; address in Florids dress:	, enter the name of	'the
Name of New Registered Agent;	n/a			
THE IN THE SURFING COM PIGETIS		<u></u>		
New Registered Office Address:	(Flori	ida sireet address)		
			, Plorida	_
	(City)		(Zip Code)	<del></del>
New Repistered Agent's Signature, if cha-	seine Registered A	vent:		
I hereby accept the appointment as registere	d agent. I am fami	iliar with and accep	t the ohligations of t	he position.
-	Signature of New	Registered Agent, i	f changing	*
	Pressen a alt Tress	Tropies on rigery, 5	. sumiéni?	Pin :

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ANASSE FLORID

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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: (Attuch additional sheets, if necessary) Title Name. Address Type of Action ☐ Add ☐ Remove □ Add ☐ Remove ☐ Add Ramove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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The date of each amendment(s) adoption: March 11, 2010 H10000594
The date of each amendment(s) adoption: March // 2010 (date of adoption is required)
(no more than 90 days after amendment file date)
(100 miles of maryor ografic account of the contract of the co
Adoption of Amendment(s) (CHECK ONE)
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 such voting group emitted to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval.
by"  (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 3/11/2-010
Signamor Le Ver Scarles
(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)
Peter 5 Zajko (Typed or printed name of person signing)
President
(Title of person signing)

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