# P04000024334

(l	Requestor's Name)	
(,	Address)	
(/	Address)	
	City/State/Zip/Phone #)	_
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

11 JUN -6 PM 1:

Amend Brown

Brown 6-9-11

### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	ALL HOME CARE INC	
DOCUMENT NUMBER:		P04000024334	
The enclosed Artic	cles of Amendment and fee a	e submitted for filing.	
Please return all co	orrespondence concerning thi	matter to the following:	
		ENISE LINDAHL	
	N	ame of Contact Person	
	ALI	HOME CARE INC	
		Firm/ Company	
	2120	CREEKWOOD RUN	
		Address	
		ELAND, FL 33809 ty/ State and Zip Code	
		•	
	JONSHIV E-mail address: (to be use	1@VERIZON.NET for future annual report notification)	
For further inform	ation concerning this matter,	blease call:	
	DENISE	at ( 863 ) 858-5829	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount n	ade payable to the Florida Department of State:	
▼ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is e	enclosed)
Mailing A Amendmer Division of P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	

Tallahassee, FL 32301

#### **Articles of Amendment** to **Articles of Incorporation**

#### ALL HOME CARE INC.

#### P04000024334

•		
•	Articles of Amendmen	ıt 👝
	to Articles of Incorporation	20, 11
•	of	
· ALL HO	ME CARE INC.	an 20/1 UM S PM 1:39
(Name of Corporation as curre		la Dept. of State) SSS 0
	000024334	
	ober of Corporation (if kno	
rsuant to the provisions of section 607.1000 endment(s) to its Articles of Incorporation:	5, Florida Statutes, this F	Clorida Profit Corporation adopts the
If amending name, enter the new name of	the corporation:	
me must be distinguishable and contain t		The
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or r new registered agent and/or the new regis		n Florida, enter the name of the
new registered agent and/or the new regis	nered office address.	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	address)
_		, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing	g Registered Agent:	
ereby accept the appointment as registered a		and accept the obligations of the positi
	ignature of New Registere	d Agent if changing

Page 1 of 3

## 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
SEC	JOSHUA LINDAHL	2120 CREEKWOOD RUN LAKELAND, FL 33809	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	tional sheets, if necessary). (Be specif		
F. If an amen	ndment provides for an exchange, recl for implementing the amendment if n	assification, or cancellation of iss	ued shares,
(if not c	applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: JUNE 1, ZUT1
	(date of adoption is required)
Effective date if applicable:	
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	are adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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	.,,
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated_JUN Signature	(2) Prisi Aindall
	a director, president or other officer - if directors or officers have not been
	ected, by an incorporator - if in the hands of a receiver, trustee, or other court
арр	ointed fiduciary by that fiduciary)
	DENISE LINDAHL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
	· • • • •