173584

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HEALTH C	CARE OF AMER	ICA, INC.		
DOCUMENT NUMBER: L73584				
The enclosed Articles of Amendment and fee are so	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
NKEREUWEM N	I. IKPE			
Name of Contact Person HEALTH CARE OF AMERICA, INC.				
	Firm/ Company			
686 N. E. 125th STREET				
	Address			
NORTH MIAMI, I	FL 33161			
	City/ State and Zip Cod	e		
Nelcoinc@aol.com				
_	sed for future annual report	notification)		
For further information concerning this matter, plea	se call:			
NKEREUWEM N. IKPE	at (305	981-3363		
Name of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

FILED

2015 MAR -9 PM 4: 50

(Name of Corporation as currently filed with the Florida Dept. 173584 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Protection of Incorporation: A. If amending name, enter the new name of the corporation: In a mending name, enter the new name of the corporation, ""compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation," "compare must be distinguishable and contain the word "corporation." B. Enter new principal office address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	rofit Corporation ad	opts the following	3 amendmenti
(Document Number of Corporation (if known) Tursuant to the provisions of section 607.1006, Florida Statutes, this Florida Pris Articles of Incorporation: A. If amending name, enter the new name of the corporation: Tame must be distinguishable and contain the word "corporation," "complete Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A poord "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			amendment(
A. If amending name, enter the new name of the corporation: and must be distinguishable and contain the word "corporation," "compared of the corporation," "compared of the corporation," "compared of the corporation," or the designation "Corp," "Inc.," or "Co". A proof "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable:			g amendment(
ame must be distinguishable and contain the word "corporation," "comp. Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A poord "chartered," "professional association," or the abbreviation "P.A." 5. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:	oany," or "incorpo		
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Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:	rofessional corpora	rated" or the ab tion name must c	breviation contain the
	* -		-
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	rida, enter the nam	e of the	
Name of New Registered Agent	··		
(Florida street address,	<u> </u>		
New Registered Office Address:	, Florida		
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the appointment are registered agent.	ecept the obligations	of the position.	
Signature of New Registered Agent, if ch			

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PD	NKEREUWEM N. IKPE	20846 S.W. 122nd COURT
Add			MIAMI, FL 33177
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter chang (Be specific)		
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an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not con	ained in the amendme	nt itself;

The date of each amendment(s) ac date this document was signed.	loption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	proved 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	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_3-04-15		
Signature 1	~ Rparky of	
· ·	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
	NKEREUWEM N. IKPE	
	(Typed or printed name of person signing)	_
	PRESIDENT	
	(Title of person signing)	_