# N10000003851

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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2010 AUG 16 PM 2: 28

Amend

TB

AUG 18 2010

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO           | RATION: Crescent Hon                         | ne Care Corporation   |   |
|-------------------------|--|---|---|
| DOCUMENT NUM            | BER: N10000003851                            |   |   |
| The enclosed Articles   | s of Amendment and fee are sui               | bmitted for filing.   |   |
| Please return all corre | espondence concerning this mat               | tter to the following:  |   |
|                         | <del></del>                                  | roz Uddin   | <del></del>   |
|                         | (Name of                                     | f Contact Person)   |   |
|                         | Crescent Hor                                 | me Care Corporation   |   |
|                         | (Fim   | n/ Company)   | <del></del>   |
|                         | 10006 -                                      | Kingshyre Way   |   |
|                         | (  | Address)  |   |
|                         | Tamp   | a, FL 33647   |   |
|                         | (City/ Sta                                   | ate and Zip Code)   |   |
|                         | firozuddin7<br>E-mail address: (to be use    | 786@hotmail.com ed for future annual report notifi                  | cation)   |
| For further information | on concerning this matter, pleas             | se call:  |   |
| Firoz Uddin             | _  | at ( 813 ) 335-74   | 30  |
| (Name                   | of Contact Person)                           | (Area Code & Dayt   | ime Telephone Number)   |
| Enclosed is a check for | or the following amount made p               | payable to the Florida Departme                                     | ent 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<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|                         | ng Address                                   | Street Address  | ŕ   |
|                         | idment Section                               | Amendment Section   |   |
|                         | ion of Corporations  Box 6327                | Division of Corporat<br>Clifton Building                            | iions   |
|                         | nassee, FL 32314                             | 2661 Executive Cent   | ter Circle  |

Tallahassee, FL 32301

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

| PILED                                   |
|---|
| 2010 AUG 16 PM 2:28 TALLAHASSEE EINTE   |
| 4040\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |

# **Crescent Home Care Corporation**

(Name of Corporation as currently filed with the Florida Dept. of State)

| N1 | 000 | 00038 | 51 |      |     |  |
|----|-----|-------|----|------|-----|--|
|    |     | ٠.    |    | (101 | ` . |  |

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| ne new name must be distinguishable and cobreviation "Corp." or "Inc." "Company" o | ontain the word<br>or "Co." may not | "corporation" or "<br>be used in the name | incorporated" or th |
|--|-------------------------------------|---|---------------------|
| Enter new principal office address, if app   |                                     |   |                     |
| rincipal office address <u>MUST BE A STRE</u> E                                    |                                     |   |                     |
|  |                                     |   |                     |
|  |                                     |   |                     |
| Enter new mailing address, if applicable   | ••                                  |   |                     |
| (Mailing address MAY BE A POST OFFI  |                                     |   |                     |
|  |                                     |   |                     |
|  |                                     |   |                     |
|  |                                     |   |                     |
|  |                                     |   |                     |
| If amending the registered agent and/or :  | registered office :                 | nddress in Florida,                       | enter the name of t |
| If amending the registered agent and/or new registered agent and/or the new regi   |                                     |   | enter the name of t |
|  |                                     |   | enter the name of t |
|  |                                     |   | enter the name of t |
| new registered agent and/or the new regi   | stered office add                   |   | enter the name of t |
| new registered agent and/or the new regi   | stered office add                   | ress:                                     | enter the name of t |

position.

Signature of New Registered Agent, if changing

# 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>                 | Name  | Address                           | Type of Action        |
|------------------------------|---|-----------------------------------|-----------------------|
|                              | <del>.</del>  |                                   | ☐ Add<br>☐ Remove     |
|                              |   |                                   | Add Remove            |
|                              |   |                                   | Add Remove            |
| E. If amending (attach addit | or adding additional Articles, enter chional sheets, if necessary). (Be specific, | nange(s) here: AMEND A            | ericle III            |
| Purpose:                     | (THE CURRENT TEXT TO BE   | E REPLACED WITH TH                | E FOLLOWING )         |
| a. The organ                 | ization is organized exclusively for  |                                   |                       |
| scientific pur               | poses, including, for such purpose  | s, the making of distribution     | s to organizations    |
| that qualify a               | s exempt organizations under sect   | ion 501 (c) (3) of the Interna    | al Revenue Code       |
| or correspon                 | ding section of any future federal ta   | ax code.                          |                       |
|                              |   |                                   |                       |
| b. No part of                | the net earnings of the organizatio   | n shall inure to the benefit o    | of , or be            |
| distributable                | to its members, trustees, officers, o   | or other private persons, ex      | cept that the         |
| organization                 | shall be authorized and empowere  | ed to pay reasonable compe        | ensation for          |
| services reno                | dered and to make payments and o  | distributions in furtherance of   | of the purposes       |
| set forth in th              | ne purpose clause hereof. No subs   | tantial part of the activities of | of the organization   |
| shall be the                 | carrying on of propaganda, or othe  | rwise attempting to influenc      | e legislation, and    |
| the organiza                 | tion shall not participate in, or inter   | vene in (including the publis     | shing or distribution |
|                              | s) any political campaign onbehalf  |                                   |                       |
|                              | other provision of this document,   |                                   | _                     |
|                              | not permitted to be carried on (a)  |                                   |                       |

| The date of each amendment                             | (s) adoption: August 11, 2010  |
|--|--|
| Effective date <u>if applicable</u> :                  | (data of adoption is required)   |
| <del></del>  | (no more than 90 days after amendment file date)   |
|  |  |
| Adoption of Amendment(s)                               | (CHECK ONE)  |
| The amendment(s) was/wer was/were sufficient for apple | re adopted by the members and the number of votes cast for the amendment(s) roval.   |
| There are no members or nadopted by the board of dir   | nembers entitled to vote on the amendment(s). The amendment(s) was/were ectors.  |
|  |  |
| Dated Augu   | ust 12, 2010   |
|  |  |
| Signature  | July .   |
| have   | the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, our court appointed fiduciary by that fiduciary) |
|  | Firoz Uddin  |
|  | (Typed or printed name of person signing)  |
|  | President  |
|  | (Title of person signing)  |

#### Page 3 of 3

#### Continued from page 2

Income tax under section 501 ( c ) ( 3 ) of the Internal Revenue Code , or corresponding section of any Future federal tax code, or (b) by an organization, contributions to which are deductible under section 170 ( c ) ( 2 ) of the Internal Revenue Code, or corresponding section of any future federal tax code.