N180000 10459

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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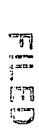
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ADVENT HOME CA	ARE ALLIANCE INC		
	N18000010459			
DOCUMENT NUMBER:				·
The enclosed Articles of Am	endment and fee are subm	itted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
MAXINE M. GRANSTAN				
	(Name of Contact Per	son)	
ADVENT HOME CARE A	LLIANCE INC			
		(Firm/ Company)		
122 E MAIN STREET ,#1	64			
		(Address)		-
LAKELAND, FLORIDA 33	3801			
	(City/ State and Zip Co	ode)	
MAXGRANSTAN@GMAI	L.COM			
E	-mail address: (to be used	for future annual repo	rt notification)
For further information conc	erning this matter, please c	:all:		
MAXINE M. GRANSTAN		·	240	286-3170
	(Name of Contact Person)		Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Do	epartment of	State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & ■ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee cate of Status and Copy cional Copy is used)
Mailing A	ddroce	Stea	at Addraw	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment οп

	to
	Articles of Incorporati
	of
DVENT HOME CARE ALLIANCE INC	
(Name of Corporat	ion as currently filed with th

e Florida Dept. of State) N18000010459 (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: N/A (Florida street address) New Registered Office Address: N/A , Florida (City) (Zip Code) 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.

Signature of New Registered Agent, if changing

Articles of Amendment to Articles of Incorporation of

ADVENT HOME CARE ALLIANCE INC

(Name of Corporation	as currently filed with the Fl	orida Dept. of State)	
N18000010459			
(Docum	nent Number of Corporation (if	known)	
Pursuant to the provisions of section 617.1006, Floramendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not I</i>	For Profit Corporation adopts the following	
A. If amending name, enter the new name of the	corporation:		
		The new	
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		ted" or the abbreviation "Corp." or "Inc."	
B. Enter new principal office address, if applica	N/A ble:		
(Principal office address MUST BE A STREET A		, , , , , , , , , , , , , , , , , , , 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) N/A		
D. If amending the registered agent and/or registered agent and/or the new registered.		la, enter the name of the	
Name of New Registered Agent:	N/A		
	N/A		
	·	(Florida street address)	
New Registered Office Address:	N/A		
	(City)	, Florida (Zip Code)	
N	• •	(Sp. Sins)	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		pt the obligations of the position.	
-	Signature of New Registered Agent, if changing		

(attach additional sheets, if necessary). (Be specific)
ARTICLE III PURPOSE
To offer a fee for service private duty home care to assist the organization in obtaining owning, and operating
several residential facilities throughout Central Florida. This model is unique due to the family residential
setting that will serve our veterans, elderly, and persons with disabilities populations whose desire is to be in
a protective family atmosphere which is more nurturing than traditional facilities. This organization is organized
exclusively for charitable purposes under Section 501 (c)(3) of the Internal Revenue Code or corresponding
future tax code. We aim to provide veteran, elderly, and persons with disabilities communities
with services to maintain dignity during difficult times.

E. If amending or adding additional Articles, enter change(s) here:

	January 28, 2019	
he	date of each amendment(s) adoption:	_, if other than th
	this document was signed.	
	January 28, 2019	
FF.	ective date if applicable:	
110	(no more than 90 days after amendment file date)	
	(no more than 50 days after amenament file date)	
	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not iment's effective date on the Department of State's records.	be listed as the
do	ption of Amendment(s) (<u>CHECK ONE</u>)	
3	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
]	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	January 28, 2019	
	Dated	
	Signature Mudne Mymms	
	(By the chairman or vice chairman of the board, president or other officer-if directors	-
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or	
	other court appointed fiduciary by that fiduciary)	
	Maxine M. Granstan	
	(Typed or printed name of person signing)	
	President	2019
	(Title of person signing)	SEE SEE
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