

N21 000005420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

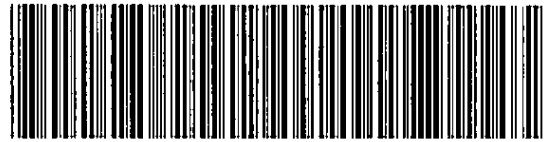
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1602/12/10/1
HF

Office Use Only



400374412494

10/04/21--01031--018 **52.50

FILED
2021 OCT 4 AM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: International Care Act Corporation

DOCUMENT NUMBER: N2100000054/20

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles N. March III
(Name of Contact Person)

International Care Act
(Firm/ Company)

3119 Bucksaw Dr
(Address)

Orlando FL 32817
(City/ State and Zip Code)

Charles Nelson march@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles N. March III at 321 287 0402
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 OCT -4 AM 12:51

SECRETARY OF STATE
FALL 1955

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable.
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

 (C_{inv})

Florida _____
(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

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
-------------------------------	-------	------	---------

1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>O</u>	<u>Carrie March</u>	<u>8119 Buck Saw Dr</u> <u>Orlando FL 32817</u>
--	----------	---------------------	--

☒ Remove

2) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>VP</u>	<u>(Charlie) Charles N March IV</u>	<u>8119 Buck Saw Dr</u> <u>Orlando FL 32817</u>
--	-----------	-------------------------------------	--

☒ Remove
3) ☐ Change
☐ Add

<u>O</u>	<u>Kartlyn Watts</u>	<u>8179 Buck Saw Dr</u> <u>Orlando FL 32817</u>
----------	----------------------	--

☒ Remove

4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>AMGR</u>	<u>Charles N March III</u>	<u>8119 Buck Saw Dr</u> <u>Orlando FL 32817</u>
---	-------------	----------------------------	--

☐ Remove

5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	<u>P</u>	<u>Charles N March III</u>	<u>8119 Buck Saw Dr</u> <u>Orlando FL 32817</u>
---	----------	----------------------------	--

☐ Remove

6) <input type="checkbox"/> Change <input type="checkbox"/> Add			
--	--	--	--

☐ Remove

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

(attach additional sheets, if necessary). (Be specific)

We have to remove Carrie Kartlyn and Charlie as they are not available to be present to open bank accounts we will leave Charles N March III as president and remove the other three for now. also add AMGR for Charles N March III

☒ 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.

Dated

9/7/21

Signature

(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)

Charles N. March III

(Typed or printed name of person signing)

Pres

(Title of person signing)