~ P00000066428

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: All About You Su	pported Living Services, In	с
DOCUMENT NUMBER: P00000066428	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Dennis Haas	ame of Contact Person	
Dennis Haas Esq.	Firm/ Company	
2150 SW 28th Avenue	Address	
Fort Lauderdale, Florida 33312 Ci	ty/ State and Zip Code	
dahftl@hotmail.com E-mail address: (to be us	sed for future annual report	t notification)
For further information concerning this matter, please	se call:	
Dennis Haas	at (954	
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	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	Amend	Address Iment Section on of Corporations

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

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

Articles of Amendment to Articles of Incorporation of

All About You Supported Living Services, Inc.		
(Name of Corporation as currently filed with	h the Florida Dept. of State)	
P00000066428		
(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607.1006, Florida Stramendment(s) to its Articles of Incorporation:		tion adopts the following
A. If amending name, enter the new name of the corpora	tion:	
All About You Support Coordination, Inc.		
The new name must be distinguishable and contain the word		
abbreviation "Corp.," "Inc.," or Co.," or the designation		
name must contain the word "chartered," "professional asso	ciation," or the abbreviation "P.A.	" ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
D. Freeze new national office address if applicables		F. 3
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	`	<u>₹</u> ; 8
(1	,	
		20 20 20 20 20 20 20 20 20 20 20 20 20 2
	 	<u> </u>
C F		70
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(matting data ess MAT BE AT OST OTTICE BOX)		
		*
D. If amounting the registered areast and/or registered age	an adduser in Florida and adduser	
D. If amending the registered agent and/or registered office and/or the new registered office an		ime of the
new registered agent and/or the new registered office?	iddi ÇSS.	
Name of New Registered Agent:		_
	orida street address)	_
{I'it	riaa sireei aaaress)	
New Registered Office Address:	, Florida	1
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent. I am fa		ns of the position.
		· •
<u> </u>		-
Signature of New Regi	stered Agent, if changing	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officers/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

Title(s)	Ť	Name	<u>A</u>	<u>ddress</u>	
1)			<u> </u>		
2)					
					
3)					
D					
5)					
5)			. 		
			<u> </u>		
f REMOVIN	G an office	er and/or director. please list ti	he title(s) and n	ame of the officer/director to be rem	oved:
	,				
<u> Fitle(s)</u>	<u>Name</u>		Title(s)	<u>Name</u>	
)			4)		
2)			5)	•	
3)			6)		

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
The date of each amendment(s) adoption: December 1, 2011
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated December 1, 2011
Signature Caryn A. Haws
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Caryn J Haas
(Typed or printed name of person signing)
President
(Title of person signing)

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