## P01000010243

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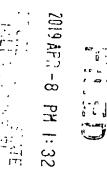
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APR 0.8 2615

R. WHITE APR 1.3 2019



## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Caring Moments, Inc. P01000010243 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARY WOODS Name of Contact Person CARING MOMENTS, INC Firm/ Company 6399 SW 103RD STREET ROAD Address OCALA, FL 34476 City/ State and Zip Code motherava@embarqmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: KWANDA POITIER Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

CARING MOMENTS, INC.

2019 APR -8 PM 1:32

(Name of Corporation	on as currently filed with the Florida Dept. of State)
P01000010243	17.44.7
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	d "corporation," "company," or "incorporated" or the abbreviation ," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable	<u></u>
(Principal office address <u>MUST BE A STREET ADD</u>	DRESS )
C. Enter new mailing address, if applicable:	a.
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
	<del></del>
D. If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address;	. Florida
	(City) (Zip Code)
Y D. Carlot and St. Carlot and D. Carlot	
New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	ature 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: X_Change	<u>PT</u>	<u>John De</u>	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>	
X Add	<u>8V</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D	_	KWANDA POITIER	6399 SW 103RD ST RD
X Add				OCALA, FL 34476
Remove				
2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				·
4) Change		<del></del>		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del>-</del>		
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Remove				

	adding additional Art al sheets, if necessary).	(Be specific)			
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				18122	
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r	nt provides for an exc	hange, reclassificati	ion, or cancellation a	of issued shares	
i an amendmei	implementing the am-	endment if not cont	ained in the amends	nent itself:	
provisions for	lioakla indianta M/A				
provisions for (if not app	псите, такане 1874)				
provisions for	acabie, maicale (47.4)				
provisions for					
provisions for	meane, maicale (VA)				
provisions for	ncane, maicale (VA)				
provisions for	meane, maicale (VA)				
provisions for	meane, maicale (VA)				
provisions for	ncane, maicale (VA)				
provisions for	meane, maicale (VA)				
provisions for	meane, maicale (VA)				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard by separately provided for each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes east 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 shareh action was not required.	older
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	r
March 8, 2019 Dated	
Signature Mary Woods	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Mary Woods	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	