

PD1000104671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

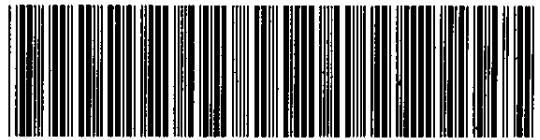
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Jennifer Davis
advised to type
print Name/title
on Document

Office Use Only



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12/30/08 01060 003

08 DEC 30 PM 1:01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

EFFECTIVE DATE

12/31/08

Amend
@ 1/8/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Total Care Medical Inc. +

DOCUMENT NUMBER: P01000104671 +

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

Please return all correspondence concerning this matter to the following:

Jennifer Davis
(Name of Contact Person)

Total Care Medical Inc.
(Firm/ Company)

1891-10 Capital Circle NE
(Address)

Tallahassee, FL 32308
(City/ State and Zip Code)

For further information concerning this matter, please call:

Jennifer Davis at (850) 219-0202
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

EFFECTIVE DATE

12/31/08

Total Care Medical, Inc. +

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

P01000104671 +

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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DIVISION OF CORPORATIONS

C. Enter new mailing address, if applicable:

(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:

Jennifer Davis

New Registered Office Address:

1891-10 Capital Circle NE

(Florida street address)

Tallahassee

(City)

Florida 32308

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PD	Wilburn T Davis III	3544 Overstreet Avenue Greenville, FL 32331	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Amend Article V - The address of the principal office of this Corporation shall be 1891-10 Capital Circle NE,
Tallahassee, FL 32308

Amend Article X - changes to designated Officers: President - Jennifer Davis, 2319 Range Crescent Court,
Orange Park, FL 32003; Treasurer - Michael Thornton, 516 South Hagan Bridge Road, Hahira, GA 31632;
Secretary - Bobby M. Vickers, Jr., 270 Thornberg Drive, Tallahassee, FL 32312

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)

42,500 shares originally issued to Wilburn T. Davis, III are hereby transferred to Jennifer Davis

The date of each amendment(s) adoption: December 12, 2008

Effective date if applicable: December 31, 2008

(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 _____

Signature _____

(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)

Jennifer Ickler
(Typed or printed name of person signing)

Sec.
(Title of person signing)