

COUNTRIES ENOME GARFINGE

Specializing In Quality Home Health Care Services

P02000026069

Division Of Corporations Attn: Amendments P.O. Box 6327 Tallahassee, FL 32314

900005451739-7 *****43.75 *****43.75

To Whom It May Concern:

Please find enclosed a check in the amount of \$43.75 (\$35.00 for Articles of Amendment to Articles of Incorporation and \$8.75 for a copy of Certificate Of Status. Please send to the below address. If you have any questions, please contact me at (561) 881-8124.

Sincerely,

Lise Hermanson, V.P.

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ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF

Sunrise Home Care, Inc. (present name)

P02000026069
(Document Number of Corporation (If known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

O Please Change Article II (Principal Office) to:

4423 Westroads Drive West Palm Beach, FL 33407

@ Please Change Article V (Initial Officers/Directors) to:
Brian Betts

4423 Westroads Drive West Palm Beach, FL 33407 Lise Hermanson 4423 Westroads Drive West Palm Beach, FL 33407 D2 MAY -3 PM 1:52
SECRETARY OF STATE FALLAHASSEE, FLORID!

3 Please change Article VI Cregistered Agent) to: Steven H. Machiela, CPA

6801 Lake Worth Road, Suite 124 Lake Worth, FL 33467

(Please see attached Certificate of Designation of Registered Agent)

SECOND: 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, are as follows:

THIRD: The	date of each amendment's adoption: 5/1/02
FOURTH: Ad	loption of Amendment(s) (CHECK ONE)
Į į	The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
I	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 eparately on the amendment(s):
	"The number of votes cast for the amendment(s) was/were sufficient for approval by(voting group)
☐ T	he amendment(s) was/were adopted by the board of directors without shareholder ction and shareholder action was not required.
	the amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signature_	med this
	(1) per of printed name)
	(Title)

<u>CERTIFICATE OF DESIGNATION OF</u> <u>REGISTERED AGENT/REGISTERED OFFCE</u>

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation isSUNRISE HOME CARE, INC.		8	
2.	The name and address of the registered agent and office is:	KETARY OF STA AHASSEE, FLOR	MAY -3 PM 1:5	
	STEVEN H. MACHIELA, CPA (Name)		22	
	6801 LAKE WORTH ROAD, SUITE 124 (PO Box not acceptable)			

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

LAKE WORTH, FL 33467 (City, State, Zip)

(Signature)

(Date)

DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314