## P0200090376

(Requestor's	Name)	
(Address)		
(Address)		
(City/State/Zi	p/Phone #)	
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(Business En	tity Name)	
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Roberts MAY 0 4 2010

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION:	ElderCare Resource Cente	er, Inc.
DOCUMENT NU	MBER:	P02000090376	<del></del>
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		Elayne Forgie	****
	1	Name of Contact Person	
	ElderCa	are Resource Center, Inc.	
		Firm/ Company	
	2328 10th Ave N #601		
		Address	
		ake Worth, FI 33461	
		City/ State and Zip Code	
<del></del>	elayne E-mail address: (to be us	forgle@msn.com ed for future annual report notification)	<u></u>
For further informa	ation concerning this matter	, please call:	
	Elayne Forgie	at (561)3	98-0575
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	k for the following amount i	made payable to the Florida Depar	tment of State:
☑\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	nt Section Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circl	e

Tallahassee, FL 32301

## **Articles of Amendment** to

Articles of Incorporation of

orporation MI ==
10.14.60
nter, Inc.  10 APR 29 AH 8: 59
the Florida Dept. of State) 1400
nter, Inc.  10 APR 29 AM 8: 59 the Florida Dept. of State) ARRY OF STATE ION (If known)
ion (if known)
tes, this Florida Profit Corporation adopts the following
<u>n:</u>
Center, Inc. The new
oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A."
C/O ElderCare at Home, Inc.
2328 10th Ave N #601
Lake Worth, Fl 33461
address in Florida, enter the name of the
dress:
ida street address)
, Florida
(Zip Code)
gent:
iliar with and accept the obligations of the position.
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)

Title	<u>Name</u>	Address	Type of Action
	<del></del>		
	ling or adding additional Art		
		change, reclassification, or cancella	
	ons for implementing the amount of applicable, indicate N/A)	endment if not contained in the am	endment itself:
<del></del>	**************************************		

The date of each amendment(s	adoption: $4-1-10$
• • •	(date of adoption is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	29
(	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated April Signature	Vario Jojo Par
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Elayne Forgie
	(Typed or printed name of person signing)
	President
	(Title of person signing)