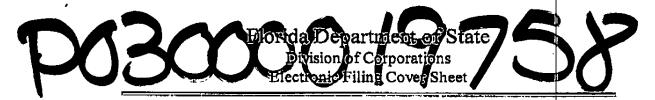
ivision of Corporations

https://efile.sunbiz.org/scripts/efilcovr.ex



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

\*\*Enter the email address for this business entity to be used for futur annual report mailings, Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SUNSHINE HOME CARE SERVIES, INC.

Certificate of Status 0 Certified Copy 1 Page Count 05 **Estimated Charge** \$43.75

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. Ar	rticles of Amendment		
to			
Articles of Incorporation of			
unshine Home Care Servies, Inc	of		
(Name of Corneration as surrently filed	with the Florida Dent. of State)		
3000019758	ļ		
(Document Number of Co	rpuration (If known)		
quant to the provisions of section 607.1006, Florida St articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amer		
If amending name, enter the new name of the corne	orution:		
inshine Home Care Services, Inc	C.		
rp.," "Inc.," ar Co.," or the designation "Corp." ' d "chartered," "professional association," or the abi Enter new principal office address, if applicables	"Inc," or "Co". A professional corporation name must contain breviation "P.A."  1710 Corporate Drive		
ncipal office address MUST BE A STREET ADDRE			
Enter new mailing address, if applicables (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	1710 Corporate Drive		
	Boyton Beach, FL 33426		
The second state of the se			
if amending the registered spent and/or resistered now registered spent and/or the now registered off			
Name of New Registered Agent	<u> </u>		
	}		
	(Florida street address)		
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v Registered Agent's Signature, if changing Registered agent. I a	ered Azenti um familiar with and accept the obligations of the position.		
	The between the first transfer and the second		
Signature of New ,	Registered Agent, if changing		

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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 affice 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, Solly Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add. Example: X Change <u>PT</u> John Dog ¥ Mike Jones X Remove X Add <u>sv</u> Sally Smith <u>Addreşa</u> Title Type of Action <u>Name</u> (Check One) I) \_\_\_\_ Change \_\_ Add \_\_\_ Romove 2) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 3) \_\_\_\_ Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_ Ramova ல் \_\_\_\_ Change . Add Remove

Page 2 of 4

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The date of each amendment(s) added this document was signed.	deption: August 26, 2013	if other than the
Effective date if applicables	·	
	(no more than 90 days after amendment file date)	<del></del> }
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were ad- by the abarcholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of voice cast	for the amendment(s) was/were sufficient for approval	 
by	(voling group)	
•	(voling group)	;
☐ The amendment(s) was/were ad settlen was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were an action was not required.	opted by the incorporators without shareholder action and shareholder	
· Dated	2/28/13	
Signature	Sudua Poor	
(By a solecti	director, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court nied fiduciary by that fiduciary)	
	Sudha Doshi, M.D.	
	(Typed or printed name of person signing)	<del></del>
	Director	
•		<del></del>