

P3000399Z1

(Requestor's Name)

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☐ PICK-UP

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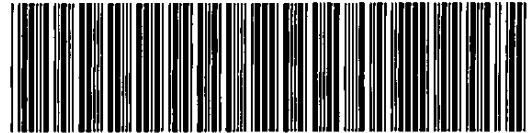
(Business Entity Name)

(Document Number)

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07 FEB -7 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
2/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2007

LORETTA BERANG
FAIRFIELD PROFESSIONAL CARE PROVIDERS
221 E. GARDEN STREET, SUITE 3WEST
PENSACOLA, FL 32502

SUBJECT: FAIRFIELD PROFESSIONAL CARE PROVIDERS, INC.
Ref. Number: P03000039921

We have received your document for FAIRFIELD PROFESSIONAL CARE PROVIDERS, INC. and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

PLEASE COMPLETE AND SIGN THE AMENDMENT. RETURN BOTH THE FORM AND THE CHECK TO THIS OFFICE.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

The amendment must be adopted in one of the following manners:

(1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

(2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must have original signatures.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 607A00003732

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FAIRFIELD PROFESSIONAL CARE PROVIDERS, INC

DOCUMENT NUMBER: P03000039921

007-2412

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

Please return all correspondence concerning this matter to the following:

Loretta Berang

(Name of Contact Person)

FAIRFIELD PROFESSIONAL CARE PROVIDERS, INC

(Firm/ Company)

221 E. Garden Street Suite 3West

(Address)

PENSACOLA, FLORIDA 32502

(City/ State and Zip Code)

*MONEY
ORDER
RETURNED*

For further information concerning this matter, please call:

Loretta Berang

(Name of Contact Person)

at (850) 437-0704

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$0 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)

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

RECEIVED
JAN 17 AM 8:00
DIVISION OF CORPORATIONS

**Articles of Amendment
to
Articles of Incorporation
of**

FAIRFIELD PROFESSIONAL CARE PROVIDERS, INC.

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

P03000039921

(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:

NEW CORPORATE NAME (if changing):

HEART TO HEART FAMILY SERVICES, INC

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: January 5, 2007

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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.

Signature

Loretta Berang

(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)

Loretta Berang

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE: \$35