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R. WHITE. FEB 0 7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DENNIS HOMECARE SERVICES INC				
DOCUMENT NUMBER: P03000042484				
The enclosed Articles of Amenda		nitted for filing.		
Please return all correspondence concerning this matter to the following:				
SHARON DENNIS				
Name of Contact Person				
	Firm/ Company			
181 SCRU	181 SCRUB JAY WAY			
Address				
DAVENPO	ORT FL33896			
		City/ State and Zip Code	:	
1967sharond@g	mail.com			
E-ma	il address: (to be used	for future annual report	notification)	
For further information concerning this matter, please call:				
SHARON DENNIS		at (<u>863</u>	588 1403	
Name of Contact	Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	3.75 Filing Fee & tificate 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 Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

2019 FEB - 1 PH 5: 47
SECRED PAGE STATE

DENNIS HOMECARE SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)				
P03000042484				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
SD PROPERTY MAINTENANCE INC		The new		
	ation "Corp." "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:		181 SCRUB JAY WAY		
(Principal office address <u>MUST BE A S</u>		DAVENPORT		
		FL33896		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	track in Marida, enter the name of the		
new registered agent and/or the nev				
Name of New Registered Agent	NOT APLLICABLE			
	(Florida st	reet address)		
New Registered Office Address:		, Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		t: 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)

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 = ChiefExecutive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office

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, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove	, and Sal	y Smith, SV as an Add.	
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NOT APPLICABLE	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		•	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
NOT APPLICABLE	
	,,
	
	
	<u>.</u>
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)	
NOT APPLICABLE	
	<u> </u>

FEBRUARY I	2019, if other than the
The date of each amendment(s) adoption:late this document was signed.	
Effective date <u>if applicable</u> :	nan 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's recor	applicable statutory filing requirements, this date will not be listed as the ds.
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholde must be separately provided for each voting group entitle	es through voting groups. The following statement cd to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) wa	is/were sufficient for approval
by(voting group)	"
☐ The amendment(s) was/were adopted by the board of diraction was not required.	ectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporato action was not required.	s without shareholder action and shareholder
JANUARY 30 2019 Dated	
Signature Signature or other provident or other	er officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court uciary)
SHARON E DENNIS	
(Typed or p	printed name of person signing)
DIRECTOR	
	(Title of person signing)