P03000081625

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: No Other Place Like Home Incomment number: PO3000081625
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person No Other Place Like Home Inc. Firm/ Company H699 N. State Road 7. Suite K Address Tamarac FL 33437 City/ State and Zip Code NOPH Services @ noth. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Veronica Wallace = 1,954,9330514
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment

to

Articles	of	Incor	norstion
MI HEICS	V.		Poranon

No Other Place Like +	lome Ix.
(Name of Corporation as currently fi	led with the Florida Dept. of State)
(Document Number of Co	prporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA PROPECTOR
D. If amending the registered agent and/or registered office address	in Florida, enter the name of the
new registered agent and/or the new registered office address:	The state of the second
Name of New Registered Agent	N/3 ===
(Florida street o	iddress)
New Registered Office Address: (Cit	y) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the position.
N.	MA
Signature of New Regis	stered 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 = Chief Executive 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.

Example: X Change	<u>PT</u> John	Doc	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>S_</u>	Janet Ayton	221 NW 30 Que
Add		ı	Ft. Landerdale
X_ Remove			FL 33311
2) Change	-S_	Joan Whitely	6678 Conch CT
X Add		ľ	Boynton BCA
Remove			FL: 33437
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if nece	nal Articles, enter change(s) here: essary). (Be specific)
	V
<u> </u>	
f 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)

The date of each amendment(s) adoption date this document was signed.		-14	33/18	Ś	·	, if other than the
Effective date <u>if applicable</u> :	,	.1. 00		1 01		
	(no more	than 90 a	lays after a	mendment file	date)	
Note: If the date inserted in this block do document's effective date on the Department			le statutory	tiling require	ments, this date wi	ll not be listed as the
Adoption of Amendment(s)	CHECK ON	<u>5</u>)				
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholde for approval.	rs. The m	amber of ve	otes east for the	e amendment(s)	
☐ The amendment(s) was/were approved b must be separately provided for each vo	y the sharehold ting group enti	ers throug	th voting gr te separatel	oups. The foll ly on the amen	owing statement dment(s):	
"The number of votes cast for the a	.mendment(s) v	vas/were s	sufficient fo	or approval		
by						
	(voting group)					
The amendment(s) was/were adopted by action was not required.	the board of di	rectors wi	thout share	holder action a	and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporate	ors withou	t sharehold	er action and s	hareholder	
Dated	230	18				
Signature(By a director,	racidant or oth	or officer	if directo	an on official b		
selected, by an						
appointed fiduo	iary by that fid	uciary)				
Ve	(On I Ca (Typed or p	<u> </u>	lalla	<u>le</u>		
	(Typed or p	rinted nan	ne of person	n signing)		
	Pres	iden	<u>t</u>			
		(Title of p	oerson sign	ing)		_