P03000083797

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	
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Amend

12 FEB IL ANTI: 36
SECRETARY OF STATE
TALL AHASSEF FLORIDA

FEB 1.5 2012 T. ROBERTS

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: COMFORT ZONE HEALTH CARE, INC					
DOCUMENT NUMBER: P0300083797					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
DALE MOORE					
Name of Contact Person					
COMFORT ZONE HEALTH CARE, INC.					
Firm/ Company .					
7975 WEST MC NAB RD					
Address					
TAMARAC, FL 33321					
City/ State and Zip Code					
CZHC_INC@YAHOO.COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
DALE MOORE					
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					

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

is enclosed)

Articles of Amendment Articles of Incorporation of



COMFORT ZONE HEALTH CARE, INC.

(Name of Corporation as currently filed with the Florida Dept. of Stat

P03000083797

(Document Number of Corporation (if known)

endment(s) to

Pursuant to the provisions of section 607.1006, Flo ts Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Coi	<i>rporation</i> ad	opts the following an
A. If amending name, enter the new name of the	ne corporation:		•	
				Th
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C vord "chartered," "professional association," or	Corp," "Inc," or "Co	". A professio		
3. Enter new principal office address, if applic	able:			
Principal office address <u>MUST BE A STREET A</u>	ADDRESS)		•	
	-			· · · · · ·
	-			
Enter new mailing address, if applicable:	L DOW			•
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>) _			•
	-			
). If amending the registered agent and/or regi	istered office address	in Florida, en	ter the nam	e of the
new registered agent and/or the new registe				or the
Name of New Registered Agent			•	
	(Florida street e	address)		
New Registered Office Address:			. Florida	
New Registered Office Address.	(City)		, FIORIGA_	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered agential.		and accept the	ablications	of the position
пологу иссери те прролитет из годинета иде	a. i um jumuur wun	ини иссері іне	. oonganons	ој те розион.
Sign at the sign a	f M D d d A			

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 = 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; XChange	<u>PT</u>	John Doc	•
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u> .	Address
ChangeAdd Remove	VP/S	GREGORY G. ROY	7975 WEST MC NAB RD TAMARAC, FL 33321
2) Change Add Remove	<u>s</u>	DOURSIEL MOORE	7975 WEST MC NAB RD TAMARAC, FL 33321
Change X Add Remove	VP	GREGORY ROY	7975 WEST MC NAB RD TAMARAC, FL 33321
4) Change Add Remove			· · · · · · · · · · · · · · · · · · ·
5) Change Add Remove		_	
6) Change Add Remove			

If amending or adding additional Articles, enter char attach additional sheets, if necessary). (Be specific)	isconnect.
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	•
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	•
f an amendment provides for an exchange, reclassifications for implementing the amendment if not except (if not applicable, indicate N/A)	cation, or canceltation of issued shares, ontained in the amendment itself:
	,

The date of each amendment(s) ac	doption:	d-7-	10	
Effective date <u>if applicable</u> :	(no mounths	an 90 days after ame	udu out Ele date	
	(no more inc	ın 90 aays ajter amei	nameni jile aaie)	
Adoption of Amendment(s)	(CHECK ONE)		•	
☐ The amendment(s) was/were add by the shareholders was/were su		The number of votes	cast for the amendment(s)	•
☐ The amendment(s) was/were app must be separately provided for				
"The number of votes cast	•	•	pproval	
by	(voting group)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)			
☐ The amendment(s) was/were add action was not required.	opted by the board of direct	tors without sharehol	der action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators	without shareholder a	action and shareholder -	- ~-
Dated FEBRU	JARY 87/H/201/2	2		
Signature	AGM			
selected	irector, president or other of d, by an incorporator — if in ted fiduciary by that fiducia	n the hands of a recei		
	DALE MOORE		. •	
	(Typed or print	ted name of person si	igning)	
	PRESIDENT/C	EO		
	(Title of per	rson signing)		