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COVER LETTER

Division of Corporations
NAME OF CORPORATION: CARING FIRST INC DOCUMENT NUMBER: P0300149633
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 CARING FIRST JWC. Firm/ Company SO COUNTS CHEST CIRCLE Address Apopka Horiva, 32712 City/ State and Zip Code IVANAH 35@ CHETHINK. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TVANAH THOWAS at 407 6/6-8048 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 Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & 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 Articles of Incorporation filed with the Florida Dept. of State) (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) (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. 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.

X Change	PT John	<u>Doe</u>	
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>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Timothy Thompso	N 882 COUNTS CREST CIRCLE
Add		1 /	N 822 COUNTS CREST CIRCLE APOPKA, H
Remove			<u>37/2</u>
2) Change	VP_	KERON Williams	880 COUNTS CREST CIRCLE
Add			Apopka, H
Remove	<u>_</u>	- 11 T	32712
3) Change	\supset	Timothy Thompson	882 COUNTS CREST CIRCLE
Add Remove			APOPKA, 71 32712
Mr. Remove	\subset	1/-2 1/1:11	
4) Change	<u> </u>	KERON Williams	
Add			Apopka, 71_
Remove			<u> </u>
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

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THE	PRES	IDGNIT	AND C	-F0.	 		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: NOUEMBER 2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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"	
(voling 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.	
Dated	
Signature / LLQU	
(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)	
TVANAH THOMAS (Typed or printed name of person signing)	
(1 yped of printed fiame of person signing)	
PRESIDENT / CFO	
(Title of person signing)	