P04000040117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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07/15/04--01073--003 **43.75

EFFECTIVE DATE
8-1-04

04 JUL 15 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Change
07/22/04
DC

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMENDMENT: CHANGE OF BUSINESS NAME

DOCUMENT NUMBER: P04000040117

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

Please return all correspondence concerning this matter to the following:

RAMON NUGUID
(Name of Person)

AT HOME COMPANION OF FLORIDA, INC.
(Name of Firm/ Company)

1499 BEACON DRIVE
(Address)

KISSIMMEE, FLORIDA 34746
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

RAMON NUGUID (Name of Person) at (407) 557-7092 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $35 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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

EXCELLENT NURSES CARE, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

EFFECTIVE DATE 8-1-04

P04000040117
(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):

AT HOME COMPANION OF FLORIDA, INC.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

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

N/A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

N/A

(continued)

The date of each amendment(s) adoption: JULY 8, 2004

Effective date if applicable: AUGUST 1, 2004
(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.

Signed this 08 day of July 2004

Signature _____
(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)

RAMON NUGUID
(Typed or printed name of person signing)

PRESIDENT/OWNER
(Title of person signing)

FILING FEE: $35