## POH000048827

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| PICK-UP                   | ☐ WAIT            | MAIL      |
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| Certified Copies          | Certificates      | of Status |
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| Special Instructions to F | Filing Officer:   |           |
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## **COVER LETTER**

| Division of Corporations   |   |
|--|---|
| NAME OF CORPORATION:   | a L Care INC  |
| DOCUMENT NUMBER:   |   |
| The enclosed Articles of Amendment and                               | fee are submitted for filing.   |
| Please return all correspondence concernir                           | ng this matter to the following:  |
|  | Name of Contact Person  |
|  | Dury Company Capa Dre   |
|  | Address Address   |
| = 1  | Pand O Pales Fr. 34639 City/ State and Zip Code   |
| E-mail address: (to b  | e used for future annual report notification)   |
| For further information concerning this management of Contact Person | atter, please call:  at ( 813 ) 679 2056  Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount                         | unt made payable to the Florida Department of State:  |
| □ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status       | \$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section                                    | Street Address Amendment Section  |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

**Articles of Incorporation** 

of

| -10m HC Hald THO.  |
|--|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |
| P040000 48827  |
| (Document Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:   |
| A. If amending name, enter the new name of the corporation:  |
| Tommy L. CARR, SAC. 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 mame 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: Duny L Carr  |
| Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address:   City   Carr  |
| 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   |

ست

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)

| <u>Title</u> | Name  | Address        | Type of Action                        |
|--------------|---|----------------|---------------------------------------|
| Pics         | Tom L CARR  | 22829 Southful | □ Add  Remove                         |
| Ples         | Tonny LCARR   |                | <b>⊄∑</b> Add<br>□ Remove             |
| <del></del>  | <del></del>   |                | ☐ Add<br>☐ Remove                     |
|              | nending or adding additional Articles, enter chadditional sheets, if necessary). (Be specificational sheets)            |                |                                       |
|              |   |                |                                       |
|              |   |                |                                       |
|              |   |                | <del></del>                           |
|              | E-  |                |                                       |
| pro          | n amendment provides for an exchange, reclanded visions for implementing the amendment if not applicable, indicate N/A) |                |                                       |
|              |   |                | · · · · · · · · · · · · · · · · · · · |
|              |   |                |                                       |
|              |   |                |                                       |
|              |   |                |                                       |

| The date of each amendment(s)                             | adoption: 12/1/09   |
|---|---|
| Effective date if applicable:                             | (date of adoption is required)  |
| (ne   | o more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                                  | (CHECK ONE)   |
| The amendment(s) was/were aby the shareholders was/were s | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |
|   | pproved by the shareholders through voting groups. The following statement or 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(vo   | ting group)   |
| The amendment(s) was/were a action was not required.      | dopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were a action was not required.      | dopted by the incorporators without shareholder action and shareholder  |
| Dated   | 4/09  |
| selected  | irector, prescent or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
|   | (Typed or printed name of person signing)   |
|   | (Title of person signing)   |