P04000117629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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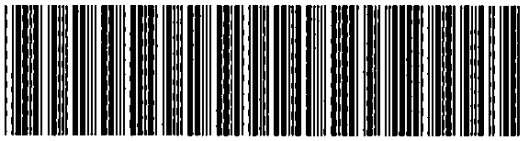

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06 OCT -4 AM 10:48
OFFICE OF SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2006 OCT -9 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend. & N.C.

C. Coulliette OCT 09 2006

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. VICTORIA HOME HEALTH CARE, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

CR2E031(7/97)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
06 OCT -9 AM 11:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 4, 2006

LAZARUS

TALLAHASSEE, FL

SUBJECT: VICTORIA HOME HEALTH CARE, INC.
Ref. Number: P04000117629

We have received your document for VICTORIA HOME HEALTH CARE, INC. and check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You will need to show the state that Virginia Garden is located in, if the address in not in Florida, you will need another address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 606A00058832

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

Victoria Home Health Care, Inc

(PRESENT NAME)

FILED
2006 OCT -9 PM 2:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

Directors shall now read as follows:

Delete. Faustino De Nacimiento register Agent
ADD Gabriel Colina As register Agent.

New Adress: 6595 NW 36 ST suite 304-1
Virginia garden Fl 33166

New Corporation Name: GC Victoria Equipment Corp.

New Registered Agent

Gabriel Colina
6595 NW 36 st suite 304-1 Virginia
garden Fl. 33166

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows.

THIRD: The date of each amendment's adoption: 10-3-06.

FOURTH: Adoption of Amendment(s) (**check one**)

☒ **The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.**

☐ **The amendment(s) was/were approved by the shareholders through voting groups.**

The following statement must be separately for each voting group entitled to vote separately on each 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 3 **day of** October, **20** 06.

Signature _____
(By the Chairman or Vice Chairman of the directors, President or other officer if adopted by the shareholders)

OR
(By a director if adopted by the directors)
OR
(By an incorporator if adopted by the incorporators)

Gabriel Colina
Typed or printed name

President
Title

Having been named as registered agent and to accept service of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity.

_____
Registered Agent Signature