

Division of Corporations

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P04000129994Florida Department of State
Division of Corporations
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(((H05000229664 3)))

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : 120000000268
Phone : (305) 229-8256
Fax Number : (305) 229-8252

BASIC AMENDMENT

DAYLA HOME HEALTH CARE AGENCY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 30 PM 3:01

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RECEIVED

05 SEP 30 AM 8:00

DIVISION OF CORPORATIONS

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9-30
Amend

(H05000229664 3)

Articles of Amendment
to
Articles of Incorporation
of

DAYLA HOME HEALTH CARE AGENCY, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P04000129994

(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):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

DELETE: PRADO, LAYMI - 10720 SW 66TH TERR. MIAMI, FL. 33173

ADD: LAZARA PRADO - 13755 SW 139 CT. MIAMI, FL. 33186 as

President

(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)

(continued)

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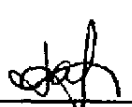
(H05000229664 3)

The date of each amendment(s) adoption: 09/19/05Effective date if applicable: _____
(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.

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)LAYMI PRADO

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.- The Name of the Corporation is:

DAYLA HOME HEALTH CARE AGENCY, INC.

2. The name and address of the Registered Agent and office is:

LAZARA PRADO
13755 SW 139 CT.
MIAMI, FL 33186

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

LAZARA PRADO

DATE: 9-20-05

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