

PO4000152225

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BASIC AMENDMENT

MASTER SUPERIOR HOME CARE SERVICES INC

Certificate of Status	0
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Florida Dept of State



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 4, 2005

MASTER SUPERIOR HOME CARE SERVICES INC
1401 W. FLAGLER STREET
STE. 210
MIAMI, FL 33135

SUBJECT: MASTER SUPERIOR HOME CARE SERVICES INC
REF: P04000152225

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

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

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Teresa Brown
Document Specialist

FAX Aud. #: HD5000112783
Letter Number: 705A00031813

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Articles of Amendment
to
Articles of Incorporation
of

FILED
05 MAY -4 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MASTER SUPERIOR HOME CARE SERVICES INC

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

P04000152225

(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)**

THE NEW REGISTERED AGENT AND SOLE OWNER / ONLY OWNER IS:

ANTHONY MARTIN (P/D)

1401 W FLAGLER STREET

STE: 210

MIAMI, FL 33135

THE NEW MAILING ADDRESS WILL BE:

17111 SW 119 AVE.

MIAMI, FL 33177

PLEASE NOTE THAT THERE IS NO OTHER DIRECTOR/OFFICER IN THIS CORPORATION

(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)

ANTHONY MARTIN 100 %

(continued)

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The date of each amendment(s) adoption: 05-03-05

Effective 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.

Signed this 03 day of MAY, 2005
I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY

Signature

Anthony Martin

(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)

Anthony Martin

(Typed or printed name of person signing)

INCORPORATOR

(Title of person signing)

FILING FEE: \$35