P050000 50589

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(Ac	ldress)		
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(Cit	ty/State/Zip/Phone	e #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	PERSONAL TOUCH,	INC.		
	DCUMENT NUMBER: P05000050589				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:			
		ALLISON JACOBS			
•		Name of Contact Person	1		
		PERSONAL TOUCH, IN	√C		
-		Firm/ Company			
		9530 HALL BLVD			
Address					
	WEST PALM BEACH FL 33412				
City/ State and Zip Code					
		personaltouchafch@gmai	l.com		
	E-mail address: (to be us	ed for future annual report			
For further information	concerning this matter, pleas	e call:			
		at () de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:		
□ \$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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PERSONAL TOUCH, INC.

(Name of Corporation as	s currently filed with the Florida Dept. of State)
	P05000050589
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stat its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ration:
ALLISON & ROSA PERSONAL	TOUCH ASSISTED LIVING FACILITY, INC.
	orporation." "company." or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u>s</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling underess MAT DE ATOST OFFICE BOA)	
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	<u> </u>
(1)	Florida street address)
New Registered Office Address:	, Florida
the state of the s	(City) (Zip Code)
N. B. I	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	
, , , ,	,
2	CV D 1 10 10 1
Signature	of New Registered Agent, if changing

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer. Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			-	
Remove				
Kemove				***
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amandment provides for an arch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amel (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	
	-

	MAY 1, 2018	
The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amend icient for approval.	lment(s)
	oved by the shareholders through voting groups. The following sach voting group entitled to vote separately on the amendment(s	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	reholder
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and sharehol	lder
	MAY 1, 2018	
Dated		
Signature(By a dir	ector, president or other officer – if directors or officers have not	t heen
	by an incorporator – if in the hands of a receiver, trustee, or other	
	d fiduciary by that fiduciary)	
	ALLISON JACOBS	
_	(Typed or printed name of person signing)	
	PRESIDENT	
_	(Title of person signing)	