## P05000124193

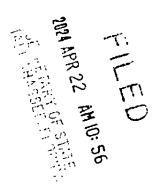
(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



700427653657

amend



A. RAMSEY
APR 232024



## **CT CORP**

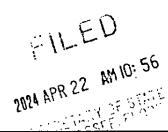
## (850) 656-4724 3458 lakesore Drive

Tallahassee, FL 32312

D	04/22/2024	- w: DW
	Acc#I2016000007	2 G: ( ) - ( )
Name:	On the Way Home Care, Inc.	
Document #:		
Order #:	15505646	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination  Number of Certs:	
Filing: 🕡	Certified:	Email Address for Annual Report Notifications:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 43.75	

Thank you!

## Articles of Amendment to Articles of Incorporation of



ON THE WAY HOME CARE INC

(Name of Corneration	on as currently filed with the Florida Dept. of State)
P05000124193	masteritum met with the Florida Sept. Of State)
	ent Number of Corporation (if known)
· ·	•
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
	The new
name must be distinguishable and contain the word "cor" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp" or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADD)	<u>RESS</u> )
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>
•	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of the	
	MICC Address.
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing
•	•
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Ralph Martin Wilson	500 West Main Street
Add			Louisville, KY 40202
x Remove			
2) Change	VP.	Cassie L. Houff	500 West Main Street
x Add	Strateg	y Advancement	Louisville, KY 40202
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<u>-</u>		
Remove			

	th additional sheets, if necessary). (Be specific) title for Lloyd Kirk Allen has changed to "President, Home Solutions"	
fficer t	title for Daniel Kevin Feld has changed to "Associate Vice President, Tax"	
<del>- · -</del>		
	<u> </u>	
_		
,		
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
_		_
<del> </del>		
<del></del>		_

	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	of meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (C1	ECK ONE)
■ The amendment(s) was/were adopted by the action was not required.	incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes east for the amendment(s) approval.
The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval
by	ing group)
·	
04/22/2024 Dated // N	
Signature	-lll
selected, by an inc	ident or other officer – if directors or officers have not been or
Joseph Ma	thew Ruschell
	(Typed or printed name of person signing)
VP, Assoc	ate General Counsel and Corporate Secretary

(Title of person signing)