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| (Requestor's Name) |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | COZY HOME CARE SERVICES, INC. |
|--|---|--|
| | | • |
| DOCUMENT NUMBER: | | P06000024271 |
| The enclosed Artic | cles of Amendment an | d fee are submitted for filing. |
| Please return all co | orrespondence concern | ing this matter to the following: |
| | | MILEYDIS CURBELO |
| | | Name of Contact Person |
| | COZY | / HOME CARE SERVICES, INC. |
| | | Firm/ Company |
| | 14423 NW 87 PLACE | |
| Address MIAMI LAKES FL 33018 | | |
| | | |
| | E-mail address: (to | be used for future annual report notification) |
| For further informa | ation concerning this n | natter, please call: |
| MILEYDIS CURBELO | | at ()Area Code & Daytime Telephone Number |
| Name of Contact Person | | Area Code & Daytime Telephone Number |
| Enclosed is a check | k for the following amo | ount made payable to the Florida Department of State: |
| ☑ \$35 Filing Fee | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



| I. NORYS NODARSE | , hereby resign as VICE-PRESIDENT |
|--|---|
| ** | (Title) |
| | ICES, INC., ON AUGUST 20, 2011 |
| P 06000024271 (Document Number, if known) | , a corporation organized under the laws of the State of |
| FLORIDA | |
| | (Signature of resigning office director) FILING FEE IS \$35,00 |
| | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Make checks payable to Florida Department of State and mail to: