

Division of Corporations Public Access System

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(((H06000062169 3)))

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To:

Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770) 777-2091

Fax Number : (770)220-1943

COR AMND/RESTATE/CORRECT OR O/D RESIGN

SENIOR CARE INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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March 8, 2006

FLORIDA DEPARTMENT OF STATE

SENIOR CARE INTERNATIONAL, INC.

Division of Corporations
1123 MARBELLA PLAZA
TAMPA, FL 33619

SUBJECT: SENIOR CARE INTERNATIONAL, INC.

REF: P06000031989

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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Pamela Smith Document Specialist FAX Aud. #: H06000062169 Letter Number: 306A00016159

OF MAR 24 AH 8: 00

P.O BOX 6327 - Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SENIOR CAP	IE INTERNATIONAL, IN	IC.	
DOCUMENT NUMBER	R: P06000031989		
The enclosed Articles of .		re submitted for filing.	
Ţ		is matter to the following:	
Totale Total in all correspond			
Sharon K. G			
	(Na	nic of Person)	
Triad Profes	sional Services, LLC		
	(Name o	of Firm/ Company)	
2050 Marcor	ni Drive, Suite 150		· — —
		(Address)	
Alpharetta, C			
	(City/ St	ate/ and Zip Code)	
For further information co	nceming this matter,	please call:	
Sharon K. Gray		at (770) _77 7-2048 _	
(Nam	e of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for the	e following amount:		
•	43.75 Filing Fee & Certificate of Status		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporate P.O. Box 6327 Tallahassee, FL 33	rations	Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

H060000621693

Articles of Amendment

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Incorporation of

06 MAR 24 PM 1:55

SENIOR CARE INTERNATIONAL, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
P06000031 989
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing);
SENIOR INTERNATIONAL SERVICES, INC.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
N/A
(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//
N/A

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The date of each amendment(s) adoption: March 8, 2006
Effective date if applicable:
(no more than 90 days after atnondment 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 east for the amendment(s) was/were sufficient for approval by
(voting group)
If the amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
Z The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 24th duy of March 2006
Signature Mc Claim Me Claim (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)
Alexender T. McClain [Typed or printed name of person signing)
Incorporator alexander Mc Clause (Title of person signing)

FILING FEE: \$35