POGDDDO 77970

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COVER LETTER

TO: Amendment Section Division of Corporations

....

NAME OF CORPORATION: Concease Home Health Care of the Palm beaches
DOCUMENT NUMBER: P06 0000 7 7970
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frances Name of Contact Person Coccerge Home I Health Care of the Palm beaches Inc Firm/ Company 3900 wood lake Blod, Ste 2011 Address Lake worth FL 33463 City/ State and Zip Code Fran O My project Management: Com E-mail address: (4) be used for future annual report notification) For further information concerning this matter, please call:
frences Cericola al (561) 374-2593
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy Certificate of Status (Additional Copy is enclosed) (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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13 APA	
IN SCRIPT	AMII: 39 SEE, FLORIDA
1970	E. FLORIDA

iment(s) to

Cinais act thema the	ath core of the Pilm Beaches Days
(Name of Corporation as currently fil	
	P060000 71970
(Document 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 amendme
A. If amending name, enter the new name of the co	rporation:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	The new d "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	RESS
	Soute all
	Lake woth FL 33465
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent Fran	ees Cencola
3900 (woodlake Blod, ste 211
· · · · · · ·	(Florida street address)
New Registered Office Address: Lake	WORTH, Florida 33463
	(City) (Zip Code)
Trans	I am familiar with and accept the obligations of the position.
Signature of Nev	w 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) X Change	CEO_	Lucy Modric	3900 woodlake BluD
X Add			suite all
Remove			Lake worth FL 3346
2) Change	owner	Crystal aiveros	2770 Ponder De Drect Lantana FL 33462
Add ' X Remove			Laytana 1- 1405
Remove 3) Change	<u>CFO</u>	Frances Cencola	3900 Woodkke BluD
X Add			sute all
Remove	. :		Lake worth FL 33463
4) Change		. :	
Add	III.		· :
Remove	,		
5) Change			·
Add			
Remove	• •••		
6) Change			
Add			·
Remove	*	•	

ch additional sheets, if necessary). (Be specific)	
1	
·	
amendment provides for an exchange, reclassific	cation, or cancellation of issued shares,
visions for implementing the amendment if not co (if not applicable, indicate N/A)	ontained in the amendment itself:
(ij noi applicable, inalcale N/A)	•
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:
Effective date if applicable: 3 18 3 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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.
Dated 3/27/13 CANSKI
Signature (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)
Frances Cerkoki
(Typed or printed name of person signing) EVP OF Finance
(Title of person signing)