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MAR 13 2014 C. CARROTHERS

COVER LETTER

ş i.

TO: Amendment Sect Division of Corpo							
NAME OF CORPORATION: A.I.D. 3 INC							
DOCUMENT NUMBER: P06000143025							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	MARK J. BUHLE	R					
	Name of Contact Person						
	BUHLER LAW FIRM P.A.						
	Firm/ Company						
	475 W. LAKE BR						
	ALTAMONTE SP	Address PRINGS FL 327	14				
	712171110111201						
		City/ State and Zip Code	;				
r	nark.buhler@earth	ılink.net					
	E-mail address: (to be us	ed for future annual report	notification)				
For further information	n concerning this matter, pleas	e call:					
Mark J. Buhler		_{at (} 407	₎ 681-7000				
Name o	of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department 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			Address				
	endment Section sion of Corporations	Amendment Section Division of Corporations					
	Box 6327	Clifton Building					
Tallahassee, FL 32314		2661 Executive Center Circle					
		Tallaha	ssee, FL 32301				

Articles of Amendment to Articles of Incorporation of

A.I.D. 3 INC

14 MAR 13 PM 3:00

SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) TALLAHASSEE, FLORIDA P06000143025 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Central Florida Nursing Services Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Buhler Law Firm P.A. Name of New Registered Agent 475 W. Lake Brantley Road (Florida street address) **Altamonte Springs** New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Bubles Law Firm I A. 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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	PTD	Irma Decoteau	2151 Judith Place	
Add			Longwood, FL 32779	
Remove				
2) Change	VSD	Warren Wilson	4411 Beaumont Drive	
Add			Orlando, FL 32808	
Remove			(last known address)	
3) Change	PD	Arnold W. Bowman	2443 Lee Road	
✓ Add			Winter Park, FL 32789	
Remove				
4) Change	VTD	Dollis C. Bowman	2443 Lee Road	
Add			Winter Park, FL 32789	
Remove				
5) Change	VSD	Gale S. Hackworth	2443 Lee Road	
Add			Winter Park, FL 32789	
Remove				
6) Change	٧	Delia Snide	2443 Lee Road	
Add			Winter Park, FL 32789	
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
N/A	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
I/A	

The date of each amendment(s) a	doption: March 7, 2014	, if other than th
date this document was signed.		·
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated March 7	7, 2014	
Signature	director, president or other officer – if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	ARNOLD BOWINAN	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing) Wesileut (Title of person signing)	
	(Title of person signing)	

14 MAR 13 PM 3: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA