## P07000008117

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DEC 0 8 2014 C. CARROTHERS

## **COVER LETTER**

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TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_ Christel Care, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jo Ann Abrams, Attorney at Law Name of Contact Person Firm/ Company 11440 Okeechobee Blvd., Suite 216 Address Royal Palm Beach, FL 33411 City/ State and Zip Code keronekyara@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561 795-9590

Area Code & Daytime Telephone Number Jo Ann Abrams Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Christel Care, Inc.			
(Name o	of Corporation as curre	ntly filed with the Florida Dept.	of State)
P07000008117			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
	•		The : new
name must be distinguishable and con: "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporat	
B. Enter new principal office address,			mo P
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
			.: 3 
C. Enter new mailing address, if appli	cable:		
(Mailing address MAY BE A POST)	OFFICE BOX)		
D. If amending the registered agent an new registered agent and/or the new			e of the
	Loraine Day	<u>- 555 -</u>	
Name of New Registered Agent			
	17851 Orange Blvd.		
	(Florida	street address)	
New Registered Office Address:	Loxahatchee		Florida 33470
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			of the position
i nereby accept the appointment as regist	егей адет. Тат јати	ir with and accept the obligations	by the position.
	Signature of Nev	v 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.

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)	Title	Name	<u>Addres</u> s
1) Change	P,D	Nadia T. Dookhi	4973 Broadstone Circle
Add			West Palm Beach, FL 33417
x Remove			
2) Change	V,D	Ricardo D. Cox	4379 Broadstone Circle
Add			West Palm Beach, FL 33417
x Remove			
3) Change	P,D	Loraine Day	4379 Broadstone Circle
x Add			West Palm Beach, FL 33417
Remove			
4) Change	V,D	Adrian Moncrieffe	4379 Broadstone Circle
x Add		•	West Palm Beach, FL 33417
Remove			
5) Change	<u> </u>	Felisha Simon	
<b>≯</b> Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	
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· · ·	
If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	<del></del>

The date of each amendment		ner than the
date this document was signed.		
Effective date <u>if applicable</u> :	December 1, 2015	
blicetive date <u>it applicable</u> .	(no more than 90 days after amendment file date)	_
	this block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	DECEMORA	
se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
, ,	(Typed or printed name of person signing)	_

(Title of person signing)