P07000058250

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HOPE HO	ME CARE SERV	ICES, INC.
DOCUMENT NUMBER: P0700005825		
The enclosed Articles of Amendment and fee are su		
Please return all correspondence concerning this ma	atter to the following:	
DIAZ, CARLOS		
	Name of Contact Person	1
HOPE HOME CA	ARE SERVICES	, INC.
	Firm/ Company	
3455 E 4TH AVE	NUE SUITE # 3	
	Address	
HIALEAH FL 330)13	
	City/ State and Zip Cod	e
•		
	100	
E-mail address: (to be u	sed for future annual report	notification)
Professional Comments	N-	
For further information concerning this matter, plea	se call:	
DIAZ, CARLOS	at (305	, 480-1234
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Cocutive Center Circle

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation** of

HOPE HOME CARE SERVICES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)	me:
7000058250	
(Document Number of Corporation (if known)	

ndment(s) to

P07000058250		
(Document)	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit</i> (Corporation adopts the following amendment
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co" or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co". A profes	" or "incorporated" or the abbreviation sional corporation name must contain the
B. Enter new principal office address,	if annlicable	
(Principal office address MUST BE A S	TREET ADDRESS)	
C. Enter new mailing address, if appl	icable:	SS:
(Mailing address MAY BE A POST		
		7
D. If amending the registered agent an new registered agent and/or the new	id/or registered office address in Florida.	enter the name of the
	CARLOS DIAZ	
Name of New Registered Agent		
	2016 BAY DRIVE #308	
	(Florida street address)	00444
New Registered Office Address:	MIAMI BEACH	, Florida 33141
	(City)	· (Zip Code)
New Registered Agent's Signature, if o	hanging Registored Agent:	
I hereby accept the appointment as regis.	tered ageny am familiar with and accept	the obligations of the position.
	102	
Si	gnature of New Registered Agent, if changi	ng

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 <math>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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	- , , , , , , , , , , , , , , , , , , ,		
Remove			
5) Change			
Add			
Remove			
Kemove			
6) Change			
Add			
Remove		•	

amending or adding additional Arti tach additional sheets, if necessary).	(Be specific)
	,
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 09-10-2012 Effective date if applicable: 09-10-2012	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement 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)
☐ 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 09-10-	-2012
selecto	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 need fiduciary by that fiduciary)
	CARLOS DIAZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)