

PO7000089688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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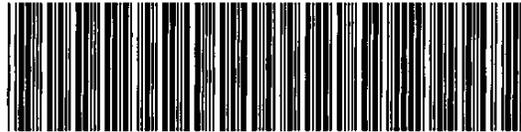
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 AUG 17 PM 1:29

As 8/22/07
N.C.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALPHA HOME CARE APCA, Inc

DOCUMENT NUMBER: P07000089688

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANSELME CHAVANNES
(Name of Contact Person)

ALPHA ADULT FAMILY CARE HOME, Inc.
(Firm/ Company)

1297 Tulip Street SE
(Address)

Palm Bay, FL 32909
(City/ State and Zip Code)

For further information concerning this matter, please call:

ANSELME CHAVANNES at (321) 674-1613
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

2007 AUG 17 PM 1:29

ALPHA HOME CARE AFCH, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

07000089688
(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:

NEW CORPORATE NAME (if changing):

ALPHA ADULT FAMILY CARE HOME INC.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

No change in the Article
except Name Change from
ALPHA HOME CARE AFCH, INC.
to: ALPHA ADULT Family CARE HOME,
INC.

(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/A)

N/A

The date of each amendment(s) adoption: 8/14/07

Effective date if applicable: 08/07/2007
(no more than 90 days after amendment 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 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.

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)

ANSELME CHAVANNES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35

Certificate of Status

Handwritten Name
10 Alpha Adult
Family Care Home
Inc.

I certify from the records of this office that ALPHA HOME CARE AFCH INC. is a corporation organized under the laws of the State of Florida, filed electronically on August 08, 2007, effective August 07, 2007.

The document number of this corporation is P07000089688.

I further certify that said corporation has paid all fees due this office through December 31, 2007, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 070810090813-800107547548#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Tenth day of August, 2007



Kurt S. Browning
Kurt S. Browning
Secretary of State