P07000103593

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Chance Homecare	. Inc.	. <u>.</u>		
DOCUMENT NUM	IBER: P07000103593				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Oscar Baez				
	-	Name of Contact Person	1		
	Chance Homecare, Inc.				
	Firm/ Company				
	7499 W. Atlantic Avenue, Suite 204				
	Address				
	Delray Beach, FL 33446				
	City/ State and Zip Code				
		,			
osc:	ar.a.baez@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:			
David J. Davidson, Esq.		at (_561	455-7700		
		de & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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

Chance Homecare, Inc.			
(<u>Name o</u>	of Corporation as current	ly filed with the Florida Dept. of State)	
P07000103593			
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the a "Co". A professional corporation name must "P.A."	 hbbreviation
• ,		N/A	
B. Enter new principal office address. (Principal office address <u>MUST BE A S</u>	tt appucable: TREET ADDRESS)		
			
C. Enter new mailing address, if appli	icable:	> /4	
(Mailing address MAY BE A POST OFFICE BOX)		N/A	
			· · ·
D. If amending the registered agent an new registered agent and/or the new			
	The Florida Healthcare L		- 선 - 전
A <u>Name of New Registered Agent</u>			- :
	909 SE 5th Avenue, Suite 200		
	(Florida street address) Delray Beach, FL 334		33 (4)
New Registered Office Address:	Delray Beach, FL		Codes
		(6.44)	Control
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	tered agent. Tamfamiliar	with and accept the obligations of the position.	
(ct	4. 118 L		
<u> </u>	is Larce	C-	_
	Signature of New	Registered Agent, if changing	
	/ Cir. Webwilt	it his from	

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 = ChiefExecutive 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 Doc 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 Doc, 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>Y</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	Leonardo A. Cipriani	7499 W. Atlantic Avenue	
Add			Suite 204	
X Remove			Delray Beach, FL 33446	
2) Change	VPS	Luis E. Gonzalez	7499 W. Atlantic Avenue	
Add			Suite 204	
X Remove			Delray Beach, FL 33446	
3) Change	CD	Oscar Baez	7499 W. Atlantic Avenue	
X Add			Suite 204	
Remove			Delray Beach, FL 33446	
4) Change	PD	Enrique Lagrange	7499 W. Atlantic Avenue	
X Add			Suite 204	
Remove			Delray Beach, FL 33446	
5) Change	SD	Eduardo Benatuil	7499 W. Atlantic Avenue	
X Add			Suite 204	
Remove			Delray Beach, FL 33446	
6) Carl Change	TD	Carlos Rodriguez	7499 W. Atlantic Avenue	
X Add			Suite 204	
Remove			Delray Beach, FL 33446	

	ssary). (Be specific)			
A				
				
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If an amendment provides for	an exchange, reclassif	<u>cation, or cancellation</u>	on of issued shares,	
provisions for implementing t (if not applicable, indicate	he amendment if not o	ontained in the amer	idment itself:	
(у ногаррисате, такие	N A)			
A				
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Α				***
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	June 30, 2017	
The date of each amendment(s) date this document was signed.		, if other than the
Leffective date if applicable:	ine 30, 2017	
Interve date <u>in apparente</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	adopted by the incorporators without shareholder action and shareholder	
July 3, 2 Dated	2017	
Signature	To the second se	
(By sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	Carlos Rodriguez	
	(Typed or printed name of person signing)	
	Treasurer and Director	
	(Title of person signing)	