Division of Corporations Electronic Filing Cover Sheet

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ail Address

COR AMND/RESTATE/CORRECT OR O/D RESIGN STATEWIDE HOME HEALTHCARE INC

Certificate of Status	0
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Page Count	05
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Articles of Amendment

Articles of Inco	rporation	
STATEWIDE HOME HEALTHCAR	E INC	
(Name of Corporation as correctly filed with the Flo	orida Dept. of Stare)	-
(Document Number of Corporation (if	known)	-
Pursuant to the provisions of section 607,1006, Florida Statutes, this Fits Articles of Incorporation:	teriaa Profu Corporation edopts the followi	ng amendment(s) to
A. If amending name, enter the new name of the corporation:		
<u> </u>		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable;	to". A professional corporation name must	abbravlation cortain the
(Principal office address MUST BE A STREET ADDRESS)		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-
		-
D. If amouding the registered agent and/or registered office addressing registered agent and/or the new registered office address:	ss in Florida, suter the name of the	
Name of New Registered Agent		
(Flortda sures	et oddress)	
New Registered Office Address:	, Florida	
(Cly)	(Zip Code)	_
,		
New Registered Agent's Signature, if Changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		
Signature of New Registered Ag	ent if changing	SECRE
Signaura of ivew registered Ag		
·		

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; Y = 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 Romova, and Sally Smith, SV as an Add. Example:

X Change	<u>14</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	DANIEL I ARIAS	275 FOUNTAINBLEAU BLVD
Add			STE 160B
X_Remove			MIAMI, FL 33172
2) Change	VP.		275 FOUNTAINBLEAU BLVD
Add			STE 160B
X			MIAMI, FL 33172
3) Change	P	ALAIN FUENTES	815 NW 57 AVE
X Add			STE 204
Remove			MIAMI, FL 33126
4) Change			
Add			
Remove			
5)Chenge			
Add			
Remove		•	
6) Change			
Add			
Remove			

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mending or adding additional Arti Izoh additanal sheets, if necessary).	(Be specific)
<u></u>	
n Alliandmant provides for an each	singe, reclassification, or exticellation of issued sharps.
visions for implementing the amer	singe, reclassification, or expecilation of issued shares, indicated in the amendment itself:
(g not approximately maneure , may	

The date of each amendment(s) adoption: MAY 17, 2013				
Effective date if applicable:	(no more than 90 days after amandment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adop by the shareholders was/were suff	ed by the shareholders. The number of votes cast for the amendment(s) itent for approva).			
	red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):			
"The pumber of votes cast fo	the amendment(s) was/were sufficient for approval			
by	(voting group)			
action was not required.	d by the board of directors without shareholder action and shareholder			
Dated MAY 1	tor, president or other diffider – Halfrectors or officers have not been			
selected,	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiducially)			
<u>F</u>	OBERTO A OLIVER			
	(Typed or printed name of porson signing)			
<u> 7</u>	(Title of person signing)			