PD80000004094

(Re	equestor's Name)	•
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	+ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only



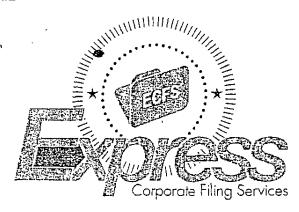
100238285431

09/07/12--01003--004 **175.00

TO SEED FROM TO HAPO

는 현EP 대 10: 하위미: 23 1호 SEP - 7 AH

Mame ch 8 (10) 9/1/2



1000 Ponce de Leon Blvd. Suite: 101 Coral Gables, FL 33134

Phone: 305 444 4994

Email-filing@ecfsfiling.com

FFICE	USE	ONLY	

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

(Corporation N	PO!	Care Inc Booobyogy		
(Corporation N		(Document ₹)		
(Corporation Na	me)	(Document #)		
(Corporation Na	me)	(Document #)		
Walk in Pi	ck up time	_ Certified Copy		
Mail out $igsqcup W_1$	ll wait Photocopy	y		
NEW FILINGS	AMENDME	NTS		
rofit	Amendment			
onProfit	Resignation of F	Resignation of R.A., Officer/ Director		
mited Liability	Change of Regis	stered Agent		
omestication	Dissolution/Wit	hdrawal		
ther	Метдет			
OTHER FILINGS	Merger REGISTRATIO	Nice and the second sec		
nnual Report	QUALIFICATIO			
trious Name	Foreign			
····	Limited Partnersh	nip		
ame Reservation	Reinstatement			

Trademark

Other

Examiner's Initials

Articles of Amendment to Articles of Incorporation

of

MAJU'S HOME HEALTH CARE INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P08000004094 (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: A. If amending name, enter the new name of the corporation: AGING CARE CONCEPTS INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (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 amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New 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.

Wike Jones, v as Kemove	e, ana sai	iy Smith, SV as an Ada.	•			
Example: 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>	Name	<u>Addres</u> s			
1) Change						
Add						
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach ac	ing or adding additional sheets,	additional Artic if necessary).	(Be specific)	nge(s) here:			
				<u></u>			
			 -			·····	
					····		
				- <u></u>			-
				-	<u> </u>		·· · · · · · ·
	<u> </u>		· 				
	<u></u>	·			 	·	
 -	·						
				 -	<u> </u>	<u></u>	
			· · · · · · · · · · · · · · · · · · ·				
						· • · · · · · · · · · · · · · · · · · ·	
	<u></u>				<u></u>		·
<u>provisio</u>	endment provions for implement ot applicable, in	des for an excha enting the amen ndicate N/A)	inge, reclassifi dment if not c	cation, or can ontained in th	cellation of issu te amendment i	ied shares, tself:	
					· · · · · ·	<u></u> -	
			- · · · · · · · · · · · · · · · · · · ·				
		<u> </u>					
	- -						
		<u> </u>		<u> </u>	<u> </u>		

The date of each amendment(s) adopt	109-04-2012
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were suffici	t by the shareholders. The number of votes east for the amendment(s) ent for approval,
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
	he amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder
Dated	1 9 05 12.
Signature	+atuio
selected, by	or, president or other officer—if directors or officers have not been an inserto ator—if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)
	TAMARA RODRIGUEZ
	(Typed or printed name of person signing)
	P/D
	(Title of person signing)