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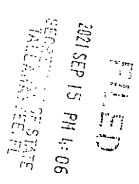
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Office Use Only



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A. Butler

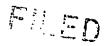
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Interim Homesty	le Services of the Treasure (Coast, Inc.
DOCUMENT NUMBER: P08000009772		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Katie Buster		
	Name of Contact Perso	n
Husch Blackwell LLP		
	Firm/ Company	
111 Congress Avenue, Suite	e 1400	
	Address	
Austin, Texas 78701		
	City/ State and Zip Cod	e
jsheets@InterimHealthCare	.com	
E-mail address: (to be u	ised for future annual report	notification)
For further information concerning this matter, plea	ase call:	
Katie Buster	at (512	479-9775
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	Amend Divisio The Co	Address ment Section in of Corporations entre of Tallahassee N. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of



	()	
INTERIM HOMESTYLE SERVICES O	OF THE TREASURE COA	AST, INC.	2021 SEP 15 Du .
(Name	of Corporation as curren	tly filed with the Florida De	
P08000009772			ORT OF STATE
	(Document Number	of Corporation (if known)	1. SE, FL
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co.,"	Corp," "Inc," or "Co".	A professional corporation	
"chartered," "professional association," or the abbreviation "P.A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2 Harvard Cir	
		Ste 950	
		West Palm Beach, FL 3.	3409
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1601 Sawgrass Corporate Parkway	
		Suite 220	
		Sunrise, FL 33323	
D. If amending the registered agent an new registered agent and/or the ne			ame of the
Name of New Registered Agent	CT Corporation System		
	1200 South Pine Island F	toad	
	(Florida s	treet address)	
New Registered Office Address:	Plantation		, Florida 33324
		(City)	(Zip Code)

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.



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)

Remove

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.

Example: X Change <u>PT</u> John Doe X Remove <u>V</u> Mike Jones <u>SV</u> X Add Sally Smith Type of Action Title Name Address. (Check One) Janet S Wahby 560 Village Blvd 1) ____ Change Suite 350 ___ Add West Palm Beach, FL 33409 Remove Shawn T Griffin 560 Village Blvd 2) ____ Change Suite 350 ____ Add West Palm Beach, FL 33409 Remove **PCEO** Jennifer Sheets 1601 Sawgrass Corporate Pkwy. 3) ____ Change Ste. 200 Add Sunrise, Florida 33323 __ Remove 4) ____ Change Add __ Remove 5) ____ Change __ Add ___ Remove 6) ____ Change ___ Add

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-					
 It an amendment provisions for it 	t provides for an exc mplementing the am	hange, reclassific: endment if not co	ation, or cancellat ntained in the am	<u>ion of issued shar</u> endment itself:	es.
(if not applie	cable, indicate N/A)				
N/A					

The date of each amend	10/05/2021	بالم حملة منظم الأراد
date this document was s		, if other than the
	10/05/2021	
Effective date if applica		
	(no more than 90 days after amendment file date)	
Note: If the date inserte document's effective dat	ed in this block does not meet the applicable statutory filing requirements, this date will e on the Department of State's records.	ll not be listed as the
Adoption of Amendme	nt(s) (<u>CHECK ONE</u>)	
The amendment(s) was action was not require	as/were adopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) wa by the shareholders w	as/were adopted by the shareholders. The number of votes cast for the amendment(s) vas/were sufficient for approval.	
must be separately pr	as/were approved by the shareholders through voting groups. The following statement rovided 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)	
Dated	09/14/21	
Signatu	ire Canmile Sheets	
	(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)	
	Jennifer Sheets	
	(Typed or printed name of person signing)	
	President and CEO	
	(Title of person signing)	