## 708000105291

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AUG 0 8 2014 C. CARROTHERS

## **COVER LETTER**

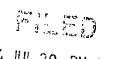
**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: CCP Healt	hand Home Gare S	envices, Tr.
DOCUMENT NUMBER: PO8000 105		-
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	uter to the following:	
	ak Colonon	
	Name of Contact Perso Solon to Jac Firm/ Company	n
12	125 NW 34th Stret	
Si	Address  unfise FL 33323  City/ State and Zip Cod	
	City/ State and Zip Cod	e
E-mail address: (to be us	sed for future annual report	notification)
For further information concerning this matter, please	se call:	
Mark Solonon	at ( 954	572.5647
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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	Ameno Divisio	Address  Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



14 JUL 29 PM 1:39

CCP Hoalth and Home Gre Sovices Inc.		The French Commence
(Name of Corporation as currently filed with the F	lorida Dept. of State)	There was like, it con the
908000105291		
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Complete Care Provider Tac		The new
name must be distinguishable and contain the word "corporatio		or the abbreviation
"Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the ubbreviation		ime must contain the
B. Enter new principal office address, if applicable:	_4801 5.1) niversity 1	Òr.
(Principal office address MUST BE A STREET ADDRESS)	<u>4801 5. University [</u> Suite 247	
	Davie, FL 33328	
	VANCEL 5 3000	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4801 S. Daiversity 1	k.
(maining address MAT BEAT OST OTTICE BOX)	C 1 247	
	Durte at 1	
	Davie, FL 33328	
D. If amending the registered agent and/or registered office add		<u>e</u>
new registered agent and/or the new registered office address	<u> </u>	
Name of New Registered Agent	, <u>, , , , , , , , , , , , , , , , , , </u>	
(Florida str	eet address)	
New Registered Office Address:	, Florida	Code)
(Ciṭy)	(Zip	o Code)
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent. I am familiar v	vith and accept the obligations of the	position.
Signature of Many Pagistared	land 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 <math>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	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove		•	
3) Change			
Add		-	
Remove			
4) Change	-		
Add			
Remove			
5) Change			
Add			
Remove		•	
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
		<del></del>
	·	
	·-	
an amendment provides for an exch	inge, reclassification, or	r cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	dment if not contained	in the amendment itself:
,		
	<u> </u>	
-		
,		

The date of each amendment(s) adoption:	, if other than the
date this document was signed.  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. 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.	
Dated	
Simony Carol Wilhoring	
(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)	
CARDI MELBOURNE	
(Typed or printed name of person signing)	<del></del>
DIRECTOR	
(Title of person signing)	