## P08000106426

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SECRETARY OF STATE

Amend 7-8-09

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	SAFEGUARD HOME CARE, INC.
DOCUMENT NUMBER:	P08000106426
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence cond	erning this matter to the following:
<u></u>	DAVID L. CARRERA
	Name of Contact Person
	SAFEGUARD HOME CARE, INC.
	Firm/ Company
58	40 RED BUG LAKE RD., SUITE 450
	Address
	WINTER SPRINGS, FL 32708  City/ State and Zip Code
saf E-mail address	eguardhomecare@yahoo.com : (to be used for future annual report notification)
For further information concerning th	is matter, please call:
DAVID L. CARRERA	at ( 407 ) 366-4118
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
✓ \$35 Filing Fee	
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 Articles of Incorporation** of

#### SAFEGUARD HOME CARE, INC.

# ASTARASSEE, PIORICA (Name of Corporation as currently filed with the Florida Dept. of State)

#### P08000106426

(Document Number of Corporation (if known)

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	The no
he word "corporation," "co designation "Corp," "Inc," o fessional association," or the o	mpany," or "incorporated" or t r "Co". A professional corporati
licable: TADDRESS)	
CE BOX)	7
egistered office address in Flo tered office address:	orida, enter the name of the
(Florida street addre	
(Florida street addre	ess) , Florida (Zip Code)
	designation "Corp," "Inc," of fessional association," or the dicable:  TADDRESS )  CE BOX  egistered office address in Flo

### 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	DAVID L. CARRERA	5840 Red Bug Lake Rd. Suite 450 Winter Springs, FL 32708	□ Add □ ☑ Remove
<u>P</u>	DIANA M. CARRERA	5840 Red Bug Lake Rd. Suite 450 Winter Springs, FL 32708	
<u>VP</u>	DAVID L. CARRERA	5840 Red Bug Lake Rd. Suite 450 Winter Springs, FL 32708	
	ding or adding additional Articles dditional sheets, if necessary). (B	<u>, enter change(s) here</u> : e specific)	
provisi		ge, reclassification, or cancellation of tent if not contained in the amendmen	
	•		

The date of each amendment(s) adoption: 07/01/2009				
Effective date <u>if applicable</u> :	07/01/2009 (date of adoption is required)			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.			
	ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	s cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	(voting group)			
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder			
Dated_07/0	01/2009			
Signature _				
	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court			
	pointed fiduciary by that fiduciary)			
	DAVID L. CARRERA			
	(Typed or printed name of person signing)			
	PRESIDENT			
•	(Title of person signing)			