

Florida Department of State

Division of Corporations Public Access System

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une 17, 2009

FLORIDA DEPARTMENT OF STATE

.S. HOME HEALTH CARE SERVICES 2 CORP 000 PONCE DE LEON BLVD, STE 207A ORAL GABLES, FL 33134

UBJECT: U.S. HOME HEALTH CARE SERVICES 2 CORP. EF: P09000038331

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lease indicate what type action shoud be taken for the officer listed on the document.

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!: :resa Brown
!! :gulatory Specialist II

FAX Aud. #: H09000144594 Letter Number: 409A00020530 FAX NO. :3052201440

Jun. 17 2009 01:00PM P3

Articles of Amendment

to

00	w bor stron
-	are Services 2 Corp
Pa900058331	
(Document Number of Corporati	on (if known)
Pursuant to the provisions of section 607,1006, Florida Statut amendment(s) to its Articles of incorporation:	es, this Florida Profit Corporation adopts the following
A. If a mending name, enter the new name of the corporation	n:
	The new
name must be distinguishable and contain the word "corp abbreviation "Corp" "Inc." or Co.," or the designation "Coname must contain the word "chartered," "professional associations	oration," "company," or "Incorporated" or the orporation
B. Enter new principal office address. If applicable:	301 Third St. NW
Principal office address MIST BE A STREET ADDRESS)	Sui 12 301
	Winter Haven, F133881
C. Enter new mailing add (css. if applicable: (Mailing address MAY I'E A POST OFFICE BOX)	Same as above
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	图 三
`	H. Jimenez
Now Registered Offic : Address: (Flori	do street address) #301 Mg 3 C
winter (Cio)	Haven Florida 3388 5
New Registered Agent's Signature, if changing Registered A	CENTE
I hereby accept the appointment as registered agent. I are family	
Signature of Thew	Registered Agent, if changing

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-m	110.	

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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)

Title	Name	,		Address		Type	of Action
<u> P</u>	Jaidy	M. J.	MENEZ	301 # 2 WINTER	THIRD ST OI Heaven 33881	_ D R	dd smove
	<u> </u>	- — — — —		· .	33801		dd Whove
							id emove
E. <u>If arnend</u> (atta:h ad	ling or adding g iditional sheets,	dditional Arti fnacessary).	cits, enter ci (Be specific,	ance(s) bers	**		
_Cr	range	Don	Carl	os V	aldez	TO	(VP
						. 18 10	
and the second s							
provisio	nendment provi on for implement of applicable, incl	les for an exis	hasse, reclas idmant if no	ification, or contained i	cancellation of	issued sha Li itselfi	rei,
, -		77310			· ————————————————————————————————————		_ . _ _
		····					

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The date of each amendment(s) adoption:
Effective date if applicable: 6608
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/vere adopted by the shareholders. The mamber of votes cast for the amendment(s) by the shareholders was/vere sufficient for approval.
The amendment(s) was/v are 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/vere adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/vers adopted by the incorporators without shareholder action and shareholder action was not required.
Dated (0/6/08
Dated (a) (6)08 Signature Date (a) (6)08
(iv. director, president or other officer - if directors or officers have not been a lected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)

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