P09000042767

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL : |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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DIVISION OF CORPORATIONS

Amend

COVER LETTER

TO: Amendment Section Division of Corporations

| | Soniar Advanta | sana Annintad Livina I | Blacomont Consison Inc | |
|------------------------------------|---|--|--|--|
| | | | Placement Services Inc | |
| DOCUMENT NUMB | P0900004276 | <u> </u> | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | |
| | Gary R Loffredo | | | |
| - | | Name of Contact Person | n | |
| | Senior Nannies F | lome Care Serv | ices Inc. | |
| • | ······································ | Firm/ Company | | |
| | 6055 West Comr | nercial Blvd | | |
| • | | Address | | |
| | Tamarac, Florida | 33319 | | |
| • | | City/ State and Zip Cod | e | |
| alof | fredo@seniornar | nies com | | |
| 9101 | | sed for future annual report | notification) | |
| | inter address, (so oo a | ood tot tatate attitudi tepoti | · ilotitioation) | |
| For further information | concerning this matter, pleas | se call: | | |
| | | | | |
| Claudia Wecl | nter | at (954 | 733-5444 de & Daytime Telephone Number | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | |
| 3 \$35 Filing Fee | ☐\$43.75 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 | | Street Address Amendment Section | | |

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| of | | | |
|--|--|---------------------|------------------|
| Senior Advantages Assisted Living Placement | t Services Inc. | | |
| (Name of Corporation as currently filed with the Flo | rida Dept. of State) | | |
| P09000042767 | | _ | <u>-</u> |
| (Document Number of Corporation (if k | known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation: | lorida Profit Corporation adopts the following | ng amendment(s) | to |
| A. If amending name, enter the new name of the corporation: | | | |
| name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Cowword" ("Corp.") "Inc." or "Cowword" or the abbreviation "P. | o". A professional corporation name must | | مغيدة مي الوا |
| 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 addresses new registered agent and/or the new registered office address: | | - 12 H | 25/240 25/240 |
| Name of New Registered Agent | | A 3 | 是法 号码会 |
| (Florida stree | et address) | | 935 |
| New Registered Office Address: (City) | Florida (Zip Code) | 12 HAY 31 PH 12: 51 | STATE |
| New Recistered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent | | | 121 |

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 = Trustec; 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.

| X Change | PT John | <u>Doe</u> | | |
|-------------------------------|-------------|------------------|--|--------|
| X Remove | Y Mike | Jones | | |
| _X Add | SV Sally | Smith | | |
| Type of Action (Check One) | _Title | Name | <u>Addres</u> s | |
| 1) Change | DCEO | Claudia Wechter | 6055 W Commerical Blvd | |
| Add | | | Tamarac, FL 33319 | |
| Remove | | | | |
| 2) Change | scoo | Gary R. Loffredo | 6055 W Commercial Blvd | |
| Add | | | Tamarac, FL 33319 | - |
| Remove | | | ······································ | |
| 3) Change | | | | |
| Add | | | | |
| Remove | - | | ************************************** | |
| 4) Change | | ·- | · · · · · · · · · · · · · · · · · · · | |
| Add | | _ | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | - | : - · |
| 6) Change | - | · | | · / pa |
| Add | | | | |
| Remove | | | | |

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| F. If an amendment provides for ar provisions for implementing the (if not applicable, indicate N | e amendment if not co | ation, or can ntained in th | cellation of issi camendment | red shares. tself: | | | • |
| | | = | · · | | | | 1 |
| | | | | | | | |

From:

| The date of each amendmendate this document was signe | | , if other than the |
|---|---|---------------------|
| Effective date if applicable: | | . . |
| | | |
| 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 statement led for each voting group entitled to vote separately on the amendment(s): | |
| "The number of vote | es cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | 4 |
| | (voting group) | |
| 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 | |
| M | ay 25, 2012 | |
| Dated | | |
| Si-matura | | |
| | 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) | |
| | Gary R. Loffredo | |
| | (Typed or printed pame of person signing) | |
| | coo | |
| | (Title of person signing) | • |