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COVER LETTER

Division of Corporations		•
NAME OF CORPORATION: <u>All Pu</u>	irpose Healtho	are, Inc
DOCUMENT NUMBER: PO 9000	0059003	<u></u>
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Tifan	Aame of Contact Person	ZHORNA -7 M 8: STERRIARY OF ST TALLAHASSEEFE
	Firm/ Company	
315 12th,	Av Egst Address	STATE OR OF THE PROPERTY OF TH
	City/ State and Zip Code Oos cheq / H. @ Code ed for future annual report notification)	
For further information concerning this matter,	, please call:	
Tifany Houston Name of Contact Person	at (<u>941</u>) <u>750</u> Area Code & Daytime Tele	- 0375 phone Number
Enclosed is a check for the following amount r	made payable to the Florida Departi	ment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	;

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) PO 9000 5 900 3 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc," or "Co.," A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address: Name of New Registered Agent: I fan y Houston 315 Jawa Aye Egyst (Florida street address) Florida for the position. 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.	All Purpose Healthcare Inc				
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Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: Signature					
New Registered Office Address: 3/5 24h Ave Eq5+ (Florida street address) Florida F 3 4 206 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	7'7' 1/2 1/2 2				
Bradenton , Florida F1 3 4 200 (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent: 117ANY FIOUSTOT				
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address: 315 124 Ave E95+ (Florida street address)				
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.	C C C C C C C C C C C C C C C C C C C				
Signature of New Registered Agent, if changing	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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
Dir	Tifany Houston	315 12th Au. East Brodenton 51708	Add Remove
			Add Remove
			_
E. If amend (attach ad	ling or adding additional Articles, edditional sheets, if necessary). (Be see see see see see see see see see s	enter change(s) here: specific)	:
	<i>.</i>		
F. If an an	nendment provides for an exchange	e, reclassification, or cancellation of is nt if not contained in the amendment	sued shares, itself:
(if n	ot applicable, indicate N/A)	,	
			· .

The date of each amendment(s) ac	loption: 3-1-10
	(dațe of adoption is required)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s)
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	ng group)
(voti	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 4-3	27-10 The Crop Reel
Signature	The Casa Reel
(By a dir	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
_	Chelsea Reed (Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	0.00
	(Title of person signing)