

P10000005769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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FILED  
2010 AUG 30 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend

TB

AUG 31 2010



August 26 2010

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Cares Home Healthcare Corp  
Document Number: P10000005769

Dear Sir/Madam:

Enclosed please find the Articles of Amendment to Articles of Incorporation of Cares Home Healthcare Corp along with check number 1894 in the amount of \$35.00.

Should you have any questions, please do not hesitate to contact our office.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dianelys Reyna'.

Dianelys Reyna  
Legal Assistant to  
Gilberto "Gil" Sanchez, Esq.  
Sanchez Law Offices, P.A.  
[staff@sanchezlawoffices.com](mailto:staff@sanchezlawoffices.com)

Encl.

GES/  
dr

cc: Lester L. Ares  
via Email.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CARES HOME HEALTHCARE CORP

**DOCUMENT NUMBER:** P10000005769

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gil Sanchez

Name of Contact Person

Sanchez Law Offices, P.A.

Firm/ Company

114 S. Fremont Ave

Address

Tampa, FL 33606

City/ State and Zip Code

gil@sanchezlawoffices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gil Sanchez

Name of Contact Person

at ( 813 )

254-1777  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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  
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  
to  
Articles of Incorporation  
of

CARES HOME HEALTHCARE CORP.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000005769

(Document Number of Corporation (if known))

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

\_\_\_\_\_, Florida  
(Zip Code)

**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.*

\_\_\_\_\_  
*Signature of New Registered Agent, 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VPD	MARLISSE REYES	3610 LANDINGS WAY DR APT 201 TAMPA, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 8-25-2010  
(date of adoption is required)

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

August 25<sup>th</sup> 2010

Signature

(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)

LESTER L. ARCS  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)