P100000576?

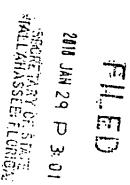
| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nar | me) |
| (Dx | ocument Number) | |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: CARES HOME H | EALTHCARE CORP. | |
|-------------------------|--|--|--|
| DOCUMENT NUM | D10000005760 | | |
| The enclosed Articles | of Amendment and fee are su | ibmitted for filing. | |
| Please return all corre | spondence concerning this ma | itter to the following: | |
| | MARK R. MIKLOS | | |
| | | Name of Contact Perso | n |
| | | Firm/ Company | |
| | 3005 STATE ROAD 590, ST | TE 100 | |
| | | Address | _ |
| | CLEARWATER, FL 33759 | | |
| | | City/ State and Zip Cod | e |
| mark | @careshhc.com | | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| For further informatio | n concerning this matter, pleas | se call: | |
| MARK R. MIKLOS | | at (⁽⁸¹³⁾ | 304-2570 |
| Name of Contact Person | | at ((813) 304-2570 Area Code & Daytime Telephone Number | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment 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) |
| Ame Divi P.O. | ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314 | Amend Divisio Clifton | Address Iment Section on of Corporations Building executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| CARES HOME HEALTHCARE CORP. | | |
|--|--|--|
| (Name of Corporation | on as currently filed with the F | lorida Dept. of State) |
| P10000005769 | | |
| (Docum | nent Number of Corporation (if k | nown) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | a Statutes, this <i>Florida Profit Con</i> | rporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | rporation: | |
| | | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the | " "Inc," or "Co". A professio | or "incorporated" or the abbreviation |
| B. Enter new principal office address, if applicable | <u></u> | |
| (Principal office address <u>MUST BE A STREET ADD</u> | | |
| | | |
| | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO. | <u>X</u>) | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or register | | ter the name of the |
| new registered agent and/or the new registered | office address: | |
| Name of New Registered Agent | | |
| | | |
| | (Florida street address) | |
| New Registered Office Address: | | . Florida |
| | (City) | (Zip Code) |
| | | |
| | | |
| New Registered Agent's Signature, if changing Regil hereby accept the appointment as registered agent. | | o obligations of the position |
| . Hotely decept the appointment as regimered agent. | тат јатна жин ана ассерств | . conguitons of the position. |
| | | 211 820 820 |
| | | AXX |
| Signe | ature of New Registered Agent. if | changing A |
| | | SE 29 |
| | | LED 29 P3 SEE FLOG |
| | | |

Page 1 of 4

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 = Trustee; 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.

| Example: X Change | <u>PT</u> | John Doe | |
|-------------------------------|--------------|--------------------|----------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>\$V</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addreş</u> s |
| 1) Change | <u>v</u> | CHRISTOPHER HYLAND | 3005 STATE ROAD 590 |
| Add | | | STE 100 |
| X Remove | | | CLEARWATER, FL 33759 |
| 2) Change | D | MARSHALL HARRIS | 3005 STATE ROAD 590 |
| Add | | | STE 100 |
| X Remove | | | CLEARWATER, FL 33759 |
| 3) Change | D | RONALD GREGORY | 3005 STATE ROAD 590 |
| Add | | | STE 100 |
| X Remove | | | CLEARWATER, FL 33759 |
| 4) Change | D | BOB PADGETT | 3005 STATE ROAD 590 |
| Add | | | STE 100 |
| X Remove | | | CLEARWATER, FL 33759 |
| 5) Change | | | |
| Add | | | |
| Remove | | | ···· |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | heets, if necessary). (| Be specific) | <u>re</u> : | | |
|---------------------------------------|---|-------------------------|-----------------------|-------------|----------|
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| | rovides for an exchan | ge, reclassification, o | r cancellation of iss | ued shares, | |
| an amendment p | | ment if not contained | in the amendment | itself: | |
| provisions for imp | blementing the amendible, indicate N/A) | | | | |
| rovisions for imp | lementing the amend | | | | |
| rovisions for imp | lementing the amend | | | | |
| rovisions for imp | lementing the amend | | | | - |
| provisions for imp | lementing the amend | | | | |
| provisions for imp | lementing the amend | | | | |
| provisions for imp | lementing the amend | | | | |

| | October 26, 2017 |
|---|--|
| The date of each amendment(s) a date this document was signed. | idoption:, if other than the |
| Effective date if applicable: | |
| | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were ac by the shareholders was/were s | dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval. |
| | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| ☐ The amendment(s) was/were action was not required. | lopted by the board of directors without shareholder action and shareholder |
| ☐ The amendment(s) was/were action was not required. | lopted by the incorporators without shareholder action and shareholder |
| DatedSignature | 11, 2017 Jan Mukks |
| (By a | director, president or other officer – if directors or officers have not been |
| | ed, by an incorporator — if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) |
| | MARK R. MIKLOS |
| | (Typed or printed name of person signing) |
| | President and Director |
| | (Title of person signing) |