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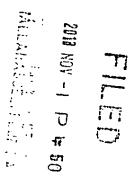
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Special Instructions to	Filing Officer:	
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## COVER LETTER

Division of Corporations Cares Home Healthcare Corp. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company FL 33704 City/ State and Zip Code For further information concerning this matter, please call: at ( 727) <u>599-/543 (Ce</u> Area Code & Daytime Telephone Number Mark Miklos Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

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 Incor	poration
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		Articles of incorporation of		F	FILE	
Cares	Home	Healthcare	CORD	2010	LED	
	(Name of	Corporation as currently	filed with the Flo	rida Dept. of State	• 1	
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(Document Number of Corporation (if known)

ent(s) to

If amending name, enter the new name of the	corneration:	
\	<u> corporation.</u>	
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Enter new mailing address, if applicable:		
VMailing address <u>MAY BE A POST OFFICE I</u>	<u> </u>	
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/ If amonding the registered agent and/or regis	torud office address in Elevida, ent	tow the grown of the
If amending the registered agent and/or registered agent and/or the new register.		ter the name of the
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Name of New Registered Agent	ed office address:  (Florida street address)  (City)  Registered Agent:	, Florida(Zip Code)

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>T9</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	T	Mark Kaymond Miklo	Sute 300 Lake Carillon Drive
Add			Sute 300
Remove			St. Petersburg, FL 33716
2) Change Add	$\sqrt{}$	Christopher Hyland	St. Petersburg, FL 33716  1607 Kismet Court  Tarpon Springs, FL 34689
		·	Tarpor Springs, FL 34001
Remove			
3 ) Change			
Add			
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6) Change			<del></del>
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atach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)	
1		
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provisions for implementing the am	change, reclassification, or cancellation of issued shares, cendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
	<del></del>	
<b>"</b>		

The date of each amendment(s) adoption:	10/29/18	, if other than the
date this document was signed.		
Effective date if applicable:	10/29/18	
	(no more than 90 days after amendmen	u file date)
Note: If the date inserted in this block does n document's effective date on the Department of		equirements, this date will not be listed as the
Adoption of Amendment(s) (CE	IECK <u>ONE</u> )	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		or the amendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting		
"The number of votes cast for the ame	ndment(s) was/were sufficient for approve	al
by	<u> </u>	"
(vo.	ting group)	
☐ The amendment(s) was/were adopted by the action was not required	board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action	and shareholder
10/29/	18	
Dated	-1/1/1	
Signature	sident or other officer – if directors or offi	lave have not been
	orporator – if in the hands of a receiver, to	
appointed fiduciary	y by that fiduciary)	
<u></u>	lack Miklos	
	(Typed or printed name of person signing	.)
	Trosident	
	(Title of person signing)	