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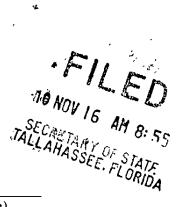
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	All Family Home Hea	alth Care Inc
DOCUMENT NU	JMBER:	P1000002	25552
The enclosed Artic	cles of Amendment a	nd fee are submitted for filing.	
Please return all co	orrespondence concern	ing this matter to the following:	
,		Michael P Linkous	
		Name of Contact Person	
	A	I Family Home Health Care In	<u>c</u>
		Firm/ Company	
	1703 North Tampa Street Suite 9		
		Address	
		Tampa, Florida 33602	<u>.</u>
		City/ State and Zip Code	
		kousmike@hotmail.com be used for future annual report notifi	cation)
For further informa	ation concerning this	natter, please call:	
M	ichael P Linkous	at (<u>727</u>) Area Code & Da	239-5937
Name	of Contact Person	Area Code & Da	ytime Telephone Number
Enclosed is a check	k for the following an	ount made payable to the Florida	a Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee Certificate of State		Certificate of Status
P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent	•

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



All Family Home Health	Care Inc
(Name of Corporation as currently filed with	the Florida Dept. of State)
P10000025552	2
(Document Number of Corpora	
Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	on:
	The new
name must be distinguishable and contain the word "con abbreviation "Corp.," "Inc.," or Co.," or the designation "(name must contain the word "chartered," "professional assoc	Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	1703 North Tampa Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suite 9
	Tampa, Florida 33602
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1703 North Tampa Street
	Suite 9 Tampa, Florida 33602
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent:	
New Registered Office Address: (Flor	rida street address)
	, Florida
(City,	(Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am fam	Agent: niliar with and accept the obligations of the position.
Signature of Nev	v 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> Address **Type of Action** ☐ Add Remove ____ 🗖 Add _ 🔲 Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	(s) adoption: 11/01/2010
	(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 by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement 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)
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
Dated 11/02 Signature (By select	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Vice President
	(Title of person signing)