P10000049478

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Unit 1 2 **S. PRATH**eir

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Transitions Family	Health Care, Corp.	
DOCUMENT NUN	P10000049478	··	<u> </u>
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Thomas Wingo		
		Name of Contact Person	1
	Palms Home Care		
		Firm/ Company	
	1700 66th Street North, Suite	, ,	
	· · · · · · · · · · · · · · · · · · ·	Address	
	St. Petersburg, FL 33710		
		City/ State and Zip Code	2
twit	ngo@palmshomehealthcare.con	n	
	E-mail address: (to be us	sed for future annual report	notification)
n			
For further informati	on concerning this matter, pleas	se call:	
Thomas Wingo		at (⁷²⁷	de & Daytime Telephone Number
Name	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Transitions Family Health Care, Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P10000049478 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: 1700 66th Street North, Suite 101 (Mailing address MAY BE A POST OFFICE BOX) St. Petersburg, FL 33710 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: Thomas Wingo Name of New Registered Agent 1700 66th Street North, Suite 101 (Florida street adaress) St. Petersburg New Registered Office Address: (City) 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 Dent, 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)

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	PT John	<u>l Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Mike Jones		
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change	P	Marcos Reta	20020 Veterans Blvd	
Add			Suite 24	
X Remove			Port Charlotte, FL 33954	
2) Change	PTSD	Carol R. Thornton	1700 66th Street North	
X Add			Suite 101	
Remove			St. Petersburg, FL 33710	
3) Change				
Add				
Remove				
4) Change				
Add		-		
Remove				
či. (Cl				
5) Change				
Add			 .	
Remove				
6) Change				
Add				
Remove				

E. <u>If an</u> (Atta	nending or adding additional Arti ch additional sheets, if necessary).	cles, enter change(s	s) here:		
N/A		(,			
		. <u> </u>			
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			<u> </u>	-	
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	··· - ·				
F. If ar	n amendment provides for an excl	iange, reclassificati	on, or cancellati	on of issued share	es.
pro	ovisions for implementing the ame (if not applicable, indicate NA)	ndment if not conta	sined in the ame	ndment itself:	
N/A	(ij noi applicable, indicale NA)				
	<u> </u>				
					
				· · ·	
	· · · · · · · · · · · · · · · · · · ·				

N/A
The date of each amendment(s) adoption:, if other than t
date this document was signed.
N/A
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
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"
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.
12/20/2018 Dated
Signature Caral & Morniton
(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)
Carol R. Thornton
(Typed or printed name of person signing)
President Carol P. Mornton
(Title of person signing)

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