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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations dical Center Homesterd In **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: 128 Ave. me . Com . used for future annual report notification) For further information concerning this matter, please call: at (<u>786</u>) <u>303 – 5738</u>. 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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address ⊀Street Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of



		E bloom home Bank
QUALITY MEDICAL CENTER HOMES	STEAD INC	10_1uo
(Name of Corporation as current	ly filed with the Florid	la Dept. of State) 30 PM 1: 44
7100000000		SECRETARY OF A TARE
P10000060665	0.0	SECNE (ARY OF STATE TALLAHASSEE, FLORIDA
(Document Numbe	er of Corporation (if kno	own)
fursuant to the provisions of section 607.1006, I mendment(s) to its Articles of Incorporation:	Florida Statutes, this F	Clorida Profit Corporation adopts the following
. If amending name, enter the new name of th	e corporation:	
UNIVERSITY HEALTH CARE HOMEST	read, inc.	The new
ame must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de ame must contain the word "chartered," "profes.	esignation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if applica		
Principal office address <u>MUST BE A STREET A</u>	<u>ADDRESS</u>)	
 (Mailing address MAY BE A POST OFFICE) If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered. 	istered office address i	n Florida, enter the name of the
Name of New Registered Agent:		
	(Florida street a	address)
	(2 10) 144 31 001 4	1000 Ca3/
		, Florida
	(City)	(Zip Code)
		•
ew Registered Agent's Signature, if changing		
hereby accept the appointment as registered ager	nt. I am familiar with a	and accept the obligations of the position.
•		
Sign	ature of New Registered	d Agent, if changing

removed a	nd title, name, and address o	f each Officer and/or Director being	added:
(Attach add	ditional sheets, if necessary)	was a second being	uuuvu.
Title	<u>Name</u>	<u>Address</u>	Type of Action
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		change, reclassification, or cancellati endment if not contained in the amen	
	not applicable, indicate N/A)		
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The date of each amendment(s) adoption:AUGUST_02, 2010	
	(date of adoption is required)
Effective date if applicable:	AUGUST 02, 2010
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	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 ca	ast for the amendment(s) was/were sufficient for approval
by	
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	AUGUST 02, 2010
Signature	MUSIC
	director, president or other officer – if directors or officers have not been
	ted, by an incorporator - if in the hands of a receiver, trustee, or other court
appo	inted fiduciary by that fiduciary)
	MICHAEL OUEVEDO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)
	•