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Secretary of State

COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Guardian Care Services of Brevard, Inc P10000100077 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Onnie Ozment

Name of Contact Person Guardian Care Services of Breyand
Firm/Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (321) 633-4663

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 Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Guardian Care Services	
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
P10000 10077	
(Document Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword" chartered," "professional association," or the abbreviation "P.A.	"company," or "incorpolated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1535 Cogswell street Suite C 15 Rockledge FL 32955
	Rockledge FL 32955
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
- -	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent Shaffing B	baksh
905 N. 40th Ave , 7	Holly wood FL 33021
New Registered Office Address: (City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I gm familiar with Signature of New Registered Age	The contract of the contract o

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 I	<u>Doe</u>					
X Remove	<u>V</u> <u>Mike</u>	<u>V</u> <u>Mike Jones</u>					
X Add	SV Sally	SV Sally Smith					
Type of Action (Check One)	<u>Title</u>	Name Name	<u>Addres</u> s				
1) Change		7 4 1 17					
Remove 2) Change	DP	Starrett Holder	5ame				
Add Remove 3) Change	PUTS	Laura Parray	Same				
Add Remove 4) Change							
Add Remove							
5) Change							
Remove 6) Change							
Add Remove							

Attaen aaamonai si	eets, if necessary).	(Be specific)			
				<u> </u>	
			·····		
					
If an amendment p	rovides for an excha	ange, reclassification	n, or cancellation of	issued shares,	
(if not applications)	ole, indicate N/A)	dinent it not contain	ied iii the amen <u>ume</u>	nt itsen.	
		MIA			
				<u></u>	
					

E. If amending or adding additional Articles, enter change(s) here:

The date of each amendment(s) adoption: 3 9 15 date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	_
(no more than 90 days after amendment file date)	
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" (voting group)	
(roming 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.	
Dated3 9 15	
Signature Day (G	
(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)	
LAVER PARIS	
(Typed or printed name of person signing)	_
Pres Elect	
(Title of person signing)	