P10000101401

(Re	equestor's Name)	
(Ac	ldress)	,
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

CL:514

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: First Care I	nc.					
DOCUMENT NUMBER: P100001014	DOCUMENT NUMBER: P10000101401					
	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this mat	ter to the following:					
Sean McInerney						
	Name of Contact Person					
First Care Inc.						
	Firm/ Company					
9838 Old Baymea	adows Rd #386					
	Address					
Jakcsonville, Flor	ida 32256					
	City/ State and Zip Code	2				
firstcarejax@outlook.	com					
	ed for future annual report	notification)				
For further information concerning this matter, please	e call:					
Sean McInerney at (904) 962-2313						
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address	Street	Address				
Amendment Section	Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, Ft. 32314 2661 Executive Center Circle						
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

First Care Inc.

14 NOV 26 AM 9: 07

The Care IIIC.				
(Name of Corporation as	currently filed with the Flor	rida Dept. of State)		
P10000101401				
(Document	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Flo	orida Profit Corporation ad	dopts the following	; amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
				The new
name must be distinguishable and conto "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	ation "Corp," "Inc," or "Co	". A professional corpora		
B. Enter new principal office address, i (Principal office address MUST BE A ST				
C. Enter new mailing address, if applie				
D. If amending the registered agent and new registered agent and/or the new		s in Florida, enter the nan	ne of the	
	Sean McInerney			
Name of New Registered Agent		D-1 #20C		
	9838 Old Baymer			
	(Florida street Jacksonville	•	32256	
New Registered Office Address:	(City)	, Florida_	32256 (Zip Code)	
New Registered Agent's Signature, if ch	anging Pagistavad Agants			
I hereby accept the appointment as registe		h and accept the obligation:	s of the position.	
	wall n	enne		
Sig	nature of New Registered Ago	unt 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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	Philip Staats	9838 Old Baymeadows Rd
Add				#386
Remove				Jacksonville, Florida 32256
2) Change		 .		
Add				·
Remove				
3) Change				
Add				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	
	· · · · · · · · · · · · · · · · · · ·
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and industrial ind
(if not applicable, indicate N/A)	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

	11/15/2014	SEURETAR	Y OF STATE	
The date of each amendment(s) add	option: 11/15/2014	DIAIDINA OF C	DRPORATIONS	_, if other than the
date this document was signed.		1/, NOV 20	8M 0: 07	
Effective date if applicable:		14 NOV 26	AM 9: U/	
Effective date if applicable.	(no more than 90 da	ys after amendment file dat	e)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were adop by the shareholders was/were suf		nber of votes cast for the an	nendment(s)	
The amendment(s) was/were appr must be separately provided for e				
"The number of votes cast for	or the amendment(s) was/were su	fficient for approval		
by				
,	(voting group)			
The amendment(s) was/were adopaction was not required.	sted by the board of directors with	nout shareholder action and	shareholder	
The amendment(s) was/were adopaction was not required.	sted by the incorporators without	shareholder action and shar	eholder	
Dated 11/15/2	014) se		
(By a din selected	rector, president or other officer - , by an incorporator - if in the hard d fiduciary by that fiduciary)			
	Sean McInerney			
-	(Typed or printe	ed name of person signing)		
	President			
-	(Title o	f person signing)		