P10000102352

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TO:	Amendment Section
	Division of Corporations

Division of Corporations			, T
NAME OF CORPORATION: BELL SEN	IOR CARE, INC		至
DOCUMENT NUMBER: P1000010235			2007 J
The enclosed Articles of Amendment and fee are su	abmitted for filing.		12 m
Please return all correspondence concerning this ma	itter to the following:		ORIU.
ANWAR SYED			, .
	Name of Contact Persor	1	<u> </u>
BELL SENIOR C	ARE, INC		
	Firm/ Company		
1008 PLAZA DR	IVE		
	Address		
KISSIMMEE, FLO	ORIDA 34743		
	City/ State and Zip Code	e	,
CINEMATION@HOT	TMAIL COM		
	sed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
SAIMA AGHA	at (407	、414-4050	
Name of Contact Person	Area Co		er
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\ \text{\$\frac{1}{3}.75 Filing Fee &}\$\ \text{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) (Amendment Section) (Division of Corporations) (P.O. Box 6327) (Tallahassee El 32314)	Amend Divisio Clifton	Address Iment Section on of Corporations Building yeartive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	Articles of Incorp	poration	SE	
BELL SENIOR CARE, IN			LAH.	至一
	currently filed with the Flor	ida Dept. of State)	77.74	J 1
P10000102352			E C	
(Documen	t Number of Corporation (if k	nown)	7.0	φ.
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	rida Profit Corporation a	adopts the followin	. (7)
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co	". A professional corpor		
B. Enter new principal office address,				-
(Principal office address MUST BE A ST	IKEEI ADDKESS)			
		, "		-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				-
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				
Name of New Registered Agent	ANWAR SYED		_	
	1008 PLAZA DRI	VE		
	(Florida street	address)		
New Registered Office Address:	KISSIMMEE	, Florida	34743	
The state of the s	(City)	,710.140	(Zip Code)	-
New Registered Agent's Signature, if cl I hereby accept the appointment as regist. Signature.			ns of the position.	

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	FARAH HAMMOUD	
Add Remove			
2) Change	D	FARAH HAMMOUD	<u></u>
Add Remove			
3) Change	. <u>P</u>	ANWAR SYED	
Add			
4) Change	D	ANWAR SYED	
Add Remove			
5) Change	co	ADNAN MAQBOOL	295 COUNTRY CLUB LN
√ Add			CANTON, MI 48188
Remove			
6) Change Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
	· · · · · · · · · · · · · · · · · · ·
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	1 1 8 M H A H
	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	E HOLDER IN BELL SENIOR CARE, INC
DNAN MAQBOOL IS A 50% S	
NWAR SYED IS PRESIDENT,	DIRECTOR AND REGISTERED AGENT
	· · · · · · · · · · · · · · · · · · ·
	,

The date of each amendment(s) adoption: 12/23/2014	, if other than the
date this document was signed.	,
Effective date if applicable: 12/23/2014	
(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(by the shareholders was/were sufficient for approval.	s)
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):	ent
"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.	er
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated_12/23/2014	
Signature Syd	
(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 courappointed fiduciary by that fiduciary)	1
ANWAR SYED	
(Typed or printed name of person signing)	
PRESIDENT, DIRECTOR	
(Title of person signing)	