P11000020579

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	TION: HOME	SWEET HOME HEALTH	CARE, INC.
DOCUMENT NUMBER	R:	P11000020579)
The enclosed Articles of	Amendment and fee a	are submitted for filing.	
Please return all correspo	ndence concerning thi	is matter to the following:	
·		Cheryl Buettin	
	ľ	name of Contact Person	
	Home Swe	eet Home Health Care, Inc.	
		Firm/ Company	
	1834	1 Toucan Way #1302	
		Address	
	 	asota, Florida 34232	
	C	tity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further information co	oncerning this matter,	please call:	
Chery	l Buettin	at (941)	961-4952
Name of Cont	act Person	Area Code & Daytime To	elephone Number
Enclosed is a check for th	e following amount n	nade payable to the Florida Depa	rtment of State:
	\$43.75 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 Amendment Secti Division of Corpo P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Home Sweet Home Health Care, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P11000020579

P11	000020579		
(Document Nu	mber of Corporat	ion (if known)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statu	tes, this <i>Florida Pro</i>	ofit Corporation adopts the follo
A. If amending name, enter the new name of	of the corporatio	<u>n:</u>	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pre	e designation "C	orp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1834 Toucan W	/ay
		#1302	
•		Sarasota, Florid	la 34232
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1834 Toucan Wa	ay
		#1302 Sarasota, Florid	a 34232
D. If amending the registered agent and/or new registered agent and/or the new registered			enter the name of the
Name of New Registered Agent:	Cheryl Buetti	n	
New Registered Office Address:	1834 Toucar (Flori	Way #1302 ida street address)	
	Sarasota		, Florida <u>34232</u>
	(City)		(Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	ing Registered A	gent: liar with and accept	the obligations of the position.
	Cheryl	Buttin	· · · · · · · · · · · · · · · · · · ·
	NOMATELER OF COMM	Wometorod Agout if	Chanaina

Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>CFO</u>	Donna M. Perkins	1924 Bayonne Street Sarasota, Florida 34231	□ Add □ ☑ Remove
	 		
(attach a	ding or adding additional Articles, edditional sheets, if necessary). (Be s		
<u>provisi</u> (if n	mendment provides for an exchange ons for implementing the amendment of applicable, indicate N/A) ion of 50 issued shares to Donn	nt if not contained in the amendme	

May 1, 2011

Under the Articles of Incorporation number: P11000020579, under Authentication code: 110302145641-900196231169#1, dated February 28, 2011, under Sec. of State Kurt S. Browning, under Article IV, I do hereby turn over willingly my 50 shares to Cheryl A. Buettin and understand that this will exclude me from having any participation in any matters associate or concerning with the S incorporation of HOME SWEET HOME HEALTHCARE, INC.

It will be my understanding that all Articles will be transafered to Cheryl A. Buettin and her address of 1834 Toucan Way unit 1302, and that she will become the sole owner of the business called HOME SWEET HOME HEALTHCARE, INC.

I have turned all information concerning this company with the EIN 27-5167217 to her and relinquish all my duties as CFO.

Donna M. Perkins

The date of each amendment	it(s) adoption: May 1, 2011
Effective date if applicable:	(date of adoption is required)
Enecuve date <u>n apparable</u> .	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement led 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)
The amendment(s) was/wa action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated May	/ 12, 2011
Signature _	Cheryl Buetten
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Cheryl Buettin
	(Typed or printed name of person signing)
	Chief Executive Officer
	(Title of person signing)