P12000038204

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Name)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	
		l

Office Use Only



400242305714

arrand

12/04/12--01019--006 **43.75



12/6/12.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: COMFORT	CHOICE HEALTH CARE, INC.
DOCUMENT NUMBER: P12000038204	4
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
CHUCK MOGBO	
CHUCK MOGBO,	Name of Contact Person P.A.
2800 W. OAKLAN	Firm/ Company ID PARK BLVD, #209
OAKLAND PARK	Address , FL 33311
	City/ State and Zip Code
cmogbo@bellsouth.n	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	e call:
CHUCK MOGBO	at (954) 739-4669
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

FILED

COMFORT CHOICE HEALTH CARE, II	NC. 2018 BEC -4 AM 8: 5U
(Name of Corporation as currently filed with the	Florida Dept. of State) SECRETARY OF STATE TALLAHASSEE. FLORIBA
P12000038204	TALLAHASSEE, FLURIAN
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1427 S.W BELGRAVE TERRACE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	STUART, FL 34997
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(maining duaress MAT BE A TOST OFFICE BOA)	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent CHUCK MOGE	BO, P.A
	D PK BLVD, SUITE 209
(Florida s	street address)
New Registered Office Address: OAKLAND PA	RK 33311
(Cit	
Now Desirtand Agentle Signature if shanging Designand Agent	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.
Chuck Mod	gbo, PA
Signature of New Registered	

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:	ove, ana sauy sm	un, SV as an Aaa.	
X Change	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PCEO	DIONNE D. MOORE	2310 N.W 60TH TERRACE
Add		•	SUNRISE, FL 33313
X Remove			
2) Change	<u>VP</u>	KEVIN MARTINEAU	2310 N.W 60TH TERRACE
Add			SUNRISE, FL 33313
X Remove			
3) Change	SECR	DALE MOORE	2310 N.W 60TH TERRACE
Add			SUNRISE, FL 33313
X Remove			
• 4) Change	P/S_	DALE MOORE	2310 N.W 60TH TERRACE
X			SUNRISE, FL 33313
Remove			
5) Change	<u>V</u>	BEVERLY ST. VALLIERE	1427 S.W BELGRAVE TERRACE
X			STUART, FL 34997
Remove			
6) Change	<u>T</u>	KIMOTHY HALL	1354 S.W 1ST WAY
X Add			DEERFIELD BEACH, FL 33441
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	<u> </u>
	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment	(s) adoption: 11/01/12	
Effective date <u>if applicable</u> :	11/01/12	
incerve date <u>ir appricable</u> .	(no more than 90 days after amendi	ment file date)
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes care sufficient for approval.	ast for the amendment(s)
	e approved by the shareholders through voting groups. d for each voting group entitled to vote separately on t	
"The number of votes	cast for the amendment(s) was/were sufficient for appr	roval
by	₹	"
•	(voting group)	
action was not required.	e adopted by the board of directors without shareholder e adopted by the incorporators without shareholder acti	
Dated 11/0)1/12 / ////////////////////////////////	
se	y a director, president or other officer – if directors or olected, by an incorporator – if in the hands of a receive pointed fiduciary by that fiduciary)	
	DALE MOORE	
	(Typed or printed name of person sign	ing)
	PRESIDENT	
	(Title of person signing)	