P12000069230

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(Ad	idiess)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: H. S. OF STOCKED DOCUMENT NUMBER: P120000692		FLORIDA INC
DOCUMENT NUMBER: 1 1200009		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LUCIA D'COS'	TA	
H. S. OF SOU	Name of Contact Person	
8731 WESLEY	Firm/Company 'AN DRIVE, #	1508
FT. MYERS, F	Address L 33919	
	City/ State and Zip Cod	e
lsamuel610@hotr	mail com	
	sed for future annual report	notification)
2 440. 660 (10 00 41		. , ,
For further information concerning this matter, pleas	se call:	
LUCIA D'COSTA	at (301	247-2618
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$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	Amend Division	Address Iment Section on of Corporations Building

'2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

H. S. OF SOUTH WEST FLORIDA INC

	s currently filed with the	Florida Dept. of State)	
P12000069230		·	
(Docume	ent Number of Corporation	(if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the ab "Co". A professional corporation name must c "P.A."	breviation
B. Enter new principal office address.	. if annlicable:	16450 S. TAMIAMI TRAIL	
(Principal office address MUST BE A S		FT. MYERS, FL 33908	A
			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	¥0V
Transcent used the Inter Print (D)	VIII LE BUN		20
			PA
D. If amending the registered agent ar			
new registered agent and/or the ne	w registered office addres N/A	SS:	W. 15
Name of New Registered Agent	TWIFT		
	(Florida s	treet address)	
New Registered Office Address:	16450 S. TAMIÁMI T	RAIL, FT. MYERS, Florida 33908	•
	(City	y) (Zip Code)	·.
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	it: with and accept the obligations of the position.	
	N/A	and the second s	
Si	gnature 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)

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 J	<u>phn Doe</u>	
X Remove	<u>v</u> <u>v</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	N/A	N/A	N/A
Add			
Remove			
2) Change			
Add			
Remove			
3) Change	<u>.</u>	· · ·	
Add			
Remove			
4) Change			·-
Add			
Remove			
5) Change			
Add			
Remove		·	
6) Change	 -		
Add			
Remove			

	ing or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
<i>_</i>	I/A	
	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		
f an ame	ndment provides for an exchange, reclassification, or cancellation of issued shares,	
DFOVISION (if no	ns for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)	
/A ˜		
···		
····		

The date of each amendment(s) a	doption: NOVEMBER 6, 2012
Effective date if applicable:	
HAPPINGER.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated NOVE	EMBER 7, 2012
Signature(By a d	lirector/president or other officer – if directors or officers have not been
	d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
· .	LUCIA D'COSTA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)