

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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MAR 14 2016

To:

Division of Corporations

Fax Number '

: (850)617-6380

R. WHITE

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I2C010000062

Phone Fax Number

: (323)962-8600 : (323)962-3889

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **ELDERCARE MANAGEMENT & SOLUTION P.A.**

Certificate of Status	0
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Corporate Filing Menu

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3/11/2016

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**TO:** Amendment Section Division of Corporations

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## **COVER LETTER**

NAME OF COURO	RATION: ELDERCARE M/	NAGEMENT & SOLUTI	ON P.A.		
	BER: P13000004309		,		
	of Amendment and fee are su	basitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Cheyenne Moseley				
		Name of Contact Person	1		
	LegalZoom.com, Inc.				
		Firm/ Company			
	101 N Brand Blvd., 11th Fl	loor			
		Address			
	Glendale, CA 91203				
		City/ State and Zip Cod	2		
			-		
zen	aidasabrina@bellsouth.net				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Cheyenne Moseley	,	at ( 323	962-8600 ext 7950		
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:					
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	2843.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P. C	niling Address rendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

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2016-03-11 08:43:53 PST

15128571031 From: Sarah Perales

16 MAR | | PM 2: 30

Articles of Amendment to HAR

Articles of Incorporation of TALLAHA

SECRETARY OF STATE TALLAHASSEE FLORIDA

	ELDERCARE MANAGEN	MENT & SOLUTION P.A.		
(Name of Corporati	on as currently filed with the	Florida Dept. of State)		
	P13000	004309		
(Doc	ument Number of Corporation (	(if known)		
Pursuant to the provisions of section its Articles of Incorporation:	607.1006, Florida Statutes, this	: Florida Profit Corporation ad	lopts the following	; amendment(s) to
A. If amending name, enter the ne	w name of the corporation;			
PREFERRED HEALTHCARE SI				The new
name must be distinguishable and "Corp.,":"Inc.," or Co.," or the d word "chartered." "professi <mark>onal</mark> as	esignation "Corp," "Inc," or	"Co". A professional corpora	rated" or the ab ition name must c	breviation ontain the
C. Enter new mailing address, if (Mailing address <u>MAY BE A Po</u>				
D. If amending the registered age new registered agent and/or th Name of New Registered A	e new registered office addres		ic of the	
	(Florida s	reet address)		
New Registered Office Add	ress:	, Florida_		
	(City	y)	(Zip Code)	
New Registered Agent's Signature I hereby accept the appointment as t	registered agent. I am familiar	with and accept the obligations	s of the position,	
B. Enter new principal office add. (Principal office address MUST BE)  C. Enter new mailing address, if (Mailing address MAY BE A Pt)  D. If amending the registered age new registered agent and/or the Name of New Registered A:  New Registered Office Add.  New Registered Agent's Signature	nt and/or registered office address (Florida s  (Florida s  c. if changing Registered Agen	trees in Florida, enter the names:  weet address) , Florida_  t: with and accept the obligations	(Zip Code)	

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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= Treusurer; 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 PID.

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	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			<u> </u>
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
_			
Add			
Remove			
6) Change			
Add			
Remove			

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Attach additional sheets, if necessary)	. (Be specific)			
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				<del></del>
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				<del> </del>
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	nendment if not c	ication, or cance contained in the	llation of issued sl amendment itself:	nares,
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·				-, -, ···
		··· · · · · · · · · · · · · · · · · ·		
	<del>., ,</del>			
				<del>-</del>

MAR-05-2016 04:55 From:

To:13239624521

Page: 5/9

The date of each amendment(s) ad	option: 3/1/2016	if other than the
date this document was signed.		II Outer than the
Effective date if applicable:		
<del></del>	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(a) was/were ado by the abareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vate separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wors ado setton was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators withour shareholder action and shareholder	
Dated 3/4	116	
Simiente 12	tinda a d	
selecter	rector, president or other officer—if directors or officers have not been the by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<del></del>
	ZENAIDA TESALONA	
•	(Typed or printed name of person signing)	<b>-</b> -
	PRESIDENT	
•	(Tille of person signing)	<del></del>

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