# P1300007806

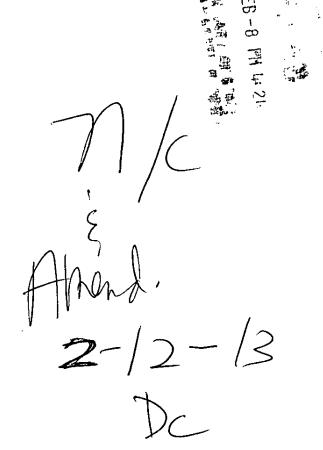
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### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LUCAS Caring Hands Incoment number: P13000007886
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gladys Lucas Name of Contact Person
Name of Contact Person
10975 Campus Heights
Jackson volle, Fr. 32-218 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gladys Lucas a1, 352, 502 8427
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee & 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

is enclosed)

Articles of Among to Articles of Incompany  LUCUS Caring H	8
(Name of Corporation as currently filed with the Flo  (Document Number of Corporation (if k	706
Lucas Caring Hands	e name was mispelled when you all in put in put
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10975 Campus Heights
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Fr. 32218 10975 Campus Heights Jacksonville, Fr. 32218
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	
(Florida stree	( address)
New Registered Office Address: (City)	, Florida
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.

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)

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.

Mike Jones, V as Kem	ove, ana Sauy Smun,	SV as an Aaa.	' /
Example: X Change	PT John D	of At The last	name was inputed
X Remove	V Mike Jo	ones in conce	name was inputed the zip code change to below
X Add	SV Sally S	mith The Wal	Charge to below
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Gladys Y Lucas	10975 Campus Heights
Add		J	
Remove	$\circ$		Jacksonville, Florida 32218
2) Change	VP	Montrez Lucas	10975 Campus Heights Lane
Add			
Remove			Jacksonville, Franda 32218
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pemove			

# \* The name was input wrong it should be Lucas not Lucus amending or adding additional Articles, enter change(s) here:

(Attach	additional sheets, i	f necessary). (Be specif	fic)	
	ucas	Caring	Hands Inc.	
<u> </u>		J		
				<del> </del>
76				
provi	sions for implement if not applicable, inc	ting the amendment if n	ssification, or cancellation of issued shares, oot contained in the amendment itself:	
				<u> </u>
	······································			
			······································	

The date of each amendment(s) ad	option: February ST 20	<u> </u>
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file da	te)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were sufficient	pted by the shareholders. The number of votes cast for the artificient for approval.	mendment(s)
	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and pted by the incorporators without shareholder action and shareholder action actio	
Dated	113 Gladus Lucas	
(By a di	rector, president or other officer - if directors or officers hav	
	, by an incorporator - if in the hands of a receiver, trustee, or	r other court
appoint	ed fiduciary by that fiduciary)	
_	Gladys Lucas	
	(Typed or printed name of person signing)	
•	President	
•	(Title of person signing)	