P130001/614

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SECRETARY OF STATE TYPISION OF CORPUSATION OF CORPU



COVER LETTER

TO:	Amendment Section				
	Division of Corporation	ons			

Tallahassee, FL 32314

NAME OF COPPORATION, FOSILOGO, Living Company of Hoom Health Many
NAME OF CORPORATION: Easy Care Living Companion & Home Health Agency, INC.
DOCUMENT NUMBER: P13000011614
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Briana Kimbrough Name of Contact Person
Easycare Living Companion & Home Health Agency Inc.
687 69th Ave South Address
St. Petersburg Florida 33705 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Raigna Kimbraugh at (727) (0607-4592 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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the I	e Health Agency, INC.
P13000011614	
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Easy (are Living Companion Agency, Iname must be distinguishable and contain the word "corporation "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: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BOX)	SECRETARY OF THE SECRETARY OF 13 OCT 23 AM
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	Iress in Florida, enter the name of the
Name of New Registered AgentN	All the state of t
(Florida st	reet address)
New Registered Office Address: (City	, Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u>
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.

Example:	, 147114 13441	iy Dinitir, t	or as an itaa.		
X Change	<u>PT</u>	John Do	<u>e</u>		
X Remove	\underline{V}	<u>Mike Jo</u>	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1)Change				-	
Add					
Remove					
2) Change		• • • • •			
Add					
Remove					
3)Change				_	
Add					
Remove					
4) Change					
Add				-	
Remove					
remove					
5) Change		_		-	
Add					
Remove					
δ) Change					
Add	**************************************			-	
Remove					

lf amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)

The second of th	
<u>if an amendment provides for an exch</u> provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 10/3/13 date this document was signed.	, if other than the
Effective date if applicable: 10/3/13 (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
BRiang Kimbrough (President) (Typed or printed name of person signing)	marine.
President	

(Title of person signing)