P130001a005

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ADVANC	CED HOME HEALTH INC.			
DOCUMENT NUMBER: P13000012	2005			
The enclosed Articles of Amendment and fee an				
Please return all correspondence concerning this	s matter to the following:			
SHERIOCHA I	LAZO			
ADVANCED H	Name of Contact Person Name HEALTH INC.			
	Firm/ Company			
2406 CYPRESS GLEN DR SUITE 102				
	Address			
WESLEY CHA	APEL, FLORIDA 33544			
	City/ State and Zip Code			
advancedhh22@y				
E-mail address: (to	be used for future annual report notification)			
For further information concerning this matter,	please call:			
SHERIOCHA LAZO	at (305) 613-0506			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount m	nade payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fee Certificate of State				
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

A same of Corporation as currency med with the	Florida Dept. of State)	
P13000012005		
(Document Number of Corporation ((if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment	
A. If amending name, enter the new name of the corporation:		
Not Applicable	The new	
name must be distinguishable and contain the word "corporatio "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	
3. Enter new principal office address, if applicable:	2406 CYPRESS GLEN DR	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 102	
	WESLEY CHAPEL, FL 33544	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2406 CYPRESS GLEN DR	
(maning and cos in the base of the box)	SUITE 102	
	WESLEY CHAPEL, FL 33544	
D. If amending the registered agent and/or registered office add		
new registered agent and/or the new registered office addres	<u> </u>	
Name of New Registered Agent	0.01-11-0	
0.400 00 (0.000	S GLEN DR	
2406 CYPRES		
(Florida si	treet address)	
(Florida si New Registered Office Address:	rreet address) PEL, Florida 33544	
	treet address)	
(Florida si	rrect address) PEL, Florida 33544	
(Florida si New Registered Office Address:	PEL , Florida 33544 (Zip Code)	
New Registered Office Address: WESLEY CHA (City New Registered Agent's Signature, if changing Registered Agen	PEL, Florida 33544 (Zip Code) It: with and accept the obligations of the position.	

SECRETALY OF STATE
TALLAHASSEE, FLORIDAL

Page 1 of 4

SSIS MOE IS 6H 3 21

FILED

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	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding addition:	al Articles, enter change(s) here:
(Attach additional sheets, if necess	sary). (Be specific)
N/A	
· · · · · · · · · · · · · · · · · · ·	
	· · · · · ·
	·
F. If an amendment provides for a	n exchange, reclassification, or cancellation of issued shares,
provisions for implementing th	ne amendment if not contained in the amendment itself:
(if not applicable, indicate /	V/A)
N/A	
· · · · · · · · · · · · · · · · · · ·	

The date of each amendment		, if other than the
date this document was signed Effective date if applicable:	08/05/2013	
Enecuve date it applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wes by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 08	/05/2013	
Se	By a director, president sucther officer – if directors or officers have not been elected, by an incorporator if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	_
	SHERIOCHA LAZO	_ <u>.</u>
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	