P13000036117

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COVER LETTER

TO: Amendment Section

Division of Corpo	orations				
NAME OF CORPOR	RATION: ProHealth I	Home Health Se	rvices, Inc.		
DOCUMENT NUMI	BER: P1300003611	7			
	of Amendment and fee are su				
Please return all corre	spondence concerning this mat	ter to the following:			
	Tracy Livingston				
		Name of Contact Persor	1		
		Firm/ Company	 		
	534 1st St. N	i miz company			
		Address			
	St. Petersburg Fl.	. 33701			
		City/ State and Zip Code	е		
TC	1 0211@amail.com	•			
13	L0314@gmail.con				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
Tracy Livingston		at (727	, 992-3018		
Name of Contact Person		at (727) 992-3018 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ma	iling Address	Street	Address		
Amendment Section			lment Section		
	ision of Corporations		on of Corporations		
	. Box 6327		Building		
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PROHEALTH HOME HEALTH SERVICES, INC.

(Name of Corporation as currently filed with	h the Florida Dent	of State)			
P13000036117					
(Document Number of Corpora	ation (if known)	·-			
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Pro</i>	fit Corporation ado	pts the following amo	endment(s) t	o
A. If amending name, enter the new name of the corporati	ion:				
ProHealth Home Health Services, Inc	.		The	new	
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	," or "Co". A pre	ny," or "incorpora ofessional corporati	ited" or the abbrev	viation	
B. Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS))			73	
			i in	S	
		 		19 Ti	
C. Enter new mailing address, if applicable:			The state of the s	13	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				2 II	
				Ņ	
			<u>\$</u> 4.14	5	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		da, enter the name	of the		
Name of New Registered Agent		***			
(Flo	orida street address)				
New Registered Office Address:	(C)	, Florida	(Zip Code)		
	(City)		(Zip Code)		
Non-Barbarral Arra O. Character 16 shorts Barbarral					
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fail	Agent: miliar with and acc	ept the obligations (of the position.		
Signature of New Regi	stered Agent, if cha	nging			

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 <math>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	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	Eunice Livingston	534 1st St. N
X Add			St. Petersburg FL.
Remove			33701
2) Change	S	Tracy Livingston	534 1st St. N
X Add			St. Petersburg FL.
Remove			33701
3) Change	Т	Tracy Livingston	534 1st St. N.
X			St. Petersburg FL.
Remove			33701
4) Change			
Add			
Remove			
5) Change	****	**************************************	
Remove			
6) Change			
Add			
Remove			

ttach <i>addition</i>	adding additions al sheets, if necess						
							
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provisions for	ent provides for a implementing th plicable, indicate N	<u>e amendme</u>	, reclassifica ent if not con	tion, or cance tained in the	ellation of i	ssued share t itself:	<u>S.</u>
							- dw-v
				18			
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				<u>.</u>			

The date of each amendment(s) adoption: August 2/ 2013 date this document was signed	, if other than the
date this document was signed. Effective date if applicable: August 27 2013	
(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	
☐ 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 president 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)	
Tracy Livingston	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	