Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000158211 3)))



H190001582113ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

R WHITE

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN KONFIDENCE HOME HEALTH CARE CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Help

FIED

Articles of Amendment

2019 HAY 14 AM 8: 26

to

Articles of Incorporation

SION JUNE 1

KONFIDENCE HOME HEACTH CARE COXP

Florida Document Number: <u>P13000039614</u>

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

4DD:		· · · · · ·	
JORGE OSEAR Z	ERQUERA CAB	e ERA	(VP)
CHANGE All	ADDRESSES	To:	
5200 sw 3 st	scire (206 -	8	
CHANGE All 5200 SW 851 CORPL GARLES	FE	33/34	
These articles of amendment were adopted	5-14-19		•
The corporation has only one group of votin	as stock. This agreement was approv	— red by the sharehold	ers and the number of
votes cast for amendment was sufficient for	approval		
	Jarut Bigneeure		
	Bignature .		
DARW	Signature ESPINOSA Printed Name and Title	Proude	iT)
	t to the second a parent.		
New Registered Agent's Signature, if chan I haveby accept the appointment as registered	iging Registered Agent. agent. I am familiar with and occept the	obligations of the post	don.

Signature of New Registered Agent, if changing