P130000 54512

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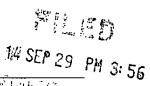
TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Neurocare Inc. P13000054512 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sean McInerney Name of Contact Person Nueorcare Inc Firm/ Company 9838 Old Baymeadows Rd Address Jacksonville, Florida 32256 City/ State and Zip Code neurocarefl@outlook.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sean McInerney 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



Neurocare Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000054512

	F. L.
(Document Number of Corporation (if known	()
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> s Articles of Incorporation:	Profit Corporation adopts the following amend
. If amending name, enter the new name of the corporation:	
	The
ame must be distinguishable and contain the word "corporation," "co Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A ord "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviat I professional corporation name must contain
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
<u> </u>	
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	······································
 -	
. If amending the registered agent and/or registered office address in I	florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street addre	ess)
New Registered Office Address:	, Florida
(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar with and	accept the obligations of the position.
Signature of New Registered Agent, it	[*] chanoino

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)

4

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Loren Zachary	9838 Old Baymeadows Rd
Add			Jacksonville, Florida 32256
Remove 2) Change	Р	Sean McInerney	9838 Old Baymeadows Rd
Add			Jacksonville, Fl 32256
Remove			
3) Change			MAIN TO THE TOTAL THE TAXABLE PROPERTY OF TAXA
Add			
Remove			
4) Change	<u> </u>	_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	(Be specific)	
		
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an amendment provides for an exch	ange, reclassification, or cancell	ation of issued shares,
rovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the ar	nendment itself:
(y noi appricable, malcale WA)		
	-	

The date of each amendment(s) addate this document was signed.	loption: 8/10/2014	, if other than the		
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.			
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder			
B 8/10/20	014			
Dated Signature	Sent Sent			
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)			
	Sean McInerney			
•	(Typed or printed name of person signing)	_		
	President			
•	(Title of person signing)			