P1300073001

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DEURY MARKET STAFE
WILLIAMASSEEL FLORIDA

T L E D





COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: All-Americas Hom	ehealth Inc D/B/A Discove	ry at Home Gulf Coast
DOCUMENT NUMI		,	
	of Amendment and fee are su	bmitted for tiling.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Dan Cundiff		
		Name of Contact Persor	1
	Discovery at Home		
		Firm/ Company	
	1647 Sun City Center Plaza,	Suite 204 C-D.	
		Address	
	Sun City Center, Florida 335	73-5534	
		City/ State and Zip Code	
1	11.600 Aliana		
acun	diff@discoveryathome.com		
	E-mail address: (to be us	ed for future annual report	nouncation)
For further informatio	n concerning this matter, pleas	e call:	
Dan Cundiff		at (de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	ortment 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)
Ame Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section on of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

All-Americas Homehealth, Inc.

2010 AUG 31 P # 13

P13000073001	Ilv filed with the Florida Dept. of State): TARY PRISTALL TALLAHASSEE, FLORIDA
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
Discovery at Home Gulf Coast, Inc	The new
name must be distinguishable and contain the word "corporati "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
D. Entagnacy aginal office address of applicables	n/a
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	n/a
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10.0
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
Name of Van Paristand Least n/a	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	

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.

X Change	<u>PT Jo</u>	ohn Doe		
X Remove	<u>v</u> <u>n</u>	<u> 1ike Jones</u>		
_X Add	<u>sv</u> <u>s</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change		n/a	 	
Add				
Remove				_
2) Change			 	
Add				
Remove				
3) Change			 	
Add				
Remove				
4) Change		<u></u>	 	
Add				
Remove				
5) Change			 _	
Add				
Remove				
6) Change				
Add	_,,		 	
Add				

ne name of the corporation is being chan	iged from All-Americas Homehealth, Inc to Discovery at Home Gulf Coast, Ir
·	
<u> </u>	
4	
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
1	
	
— —··— ·————————	

	(·) ····· -	r than the
date this document was signed.		
Effective date if applicable:	October 15, 2018	_
	(no more than 96 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date will not be list the Department of State's records.	ted as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	e approved by the shareholders through voting groups. The following statement d 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)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
July 3 Dated	1,2018	
Signature		
(B	y a director, president or other officer – if directors or officers have not been dected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	Dan Cundiff	
	(Typed or printed name of person signing)	_
	Administrator	
	(Title of person signing)	_

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