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## COVER LETTER

Division of Corpora	itions		
NAME OF CORPORA	TION: $A16$	anily heat	In Care Inc
DOCUMENT NUMBE	R: 113(	0000823	80
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this mat	tter to the following:	
-		Name of Contact Person	
	A1 Family		re Inc.
		Firm/ Company	
	5909 RIV	iera dr.	
_		Address	_
	orland	City/ State and Zip Code	X0X
		City/ State and Zip Code	
	0 4 0 11 1	94	indu.
	HJ fam.lyh	sed for future annual report	Optification)
	E-man address. (10 be us	sed for future affiliar report	nouncation)
For further information of	concerning this matter, pleas	se call:	
$\circ$ i	4	11 -	6 44600
<u>brenea</u>	Howe	at (	962-8977
Name of	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for t	he following amount made [	payable to the Florida Depa	rtment 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)

# **Mailing Address**

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation :	as currently file	ed with the Florida Den	t. of State)	
· · · · · · · · · · · · · · · · · · ·				
At family healt	t Number of Cor	poration (if known)		
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:			dopts the fo	llowing amendment(s)
A. If amending name, enter the new name of the corpe	oration:			
	MIL			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	"Inc," or "Co". breviation "P.A. _	. A professional corpor	orated" or ation name	the abbreviation
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- -	No		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		in Florida, enter the na	me of the	. <del>-</del>
Name of New Registered Agent				<del></del>
<del></del>	(Florida street a	ddress)		
New Registered Office Address:	(Ciţı	·)	_, Florida	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I at Signature.	m familiar with	and accept the obligation	us of the pos ALLAHASSEE, FLURIE	FILED

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam	ne, and
address of each Officer and/or Director being added:	1

(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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	1
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) A Change	<u>D</u>	Brenda L, Moller	
Add			
Remove	0	Donale Or in	50,20 8: 1:20
2) Change Add	<u>+</u>	Brerda, Rowe	5909 Riviera a. Orlando, Fl 32408
Remove			
3) Change			
Add Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
6) Change	-		
Remove			

The date of each amendment(s) adoption	n:	10/6/17		, if other than the
date this document was signed.				
Effective date if applicable:				ļ
	(no more tha	an 90 days after amendmen	t file date)	
Note: If the date inserted in this block do document's effective date on the Departme	-	•	quirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		The number of votes cast f	or the amendment(s)	
The amendment(s) was/were approved I must be separately provided for each ve				}
"The number of votes cast for the	amendment(s) was/	were sufficient for approva	ıl	
by	(voting group)			
	(voting group)			Į.
The amendment(s) was/were adopted by action was not required.	y the board of direct	tors without shareholder ac	tion and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators v	without shareholder action	and shareholder	
Dated 10/1	elit			1
Signature Signature	rda XOU	ve		
		officer - if directors or officer		
· · · · · · · · · · · · · · · · · · ·	n incorporator – if ir aciary by that fiducia	n the hands of a receiver, tr	ustee, or other court	
appointed flat	coury by that house			
	Brei	nda, Y Dwe		
	(Typed or print	ted name of person signing	)	
		Ο.		
	(Ti	itle of person signing)		<del></del>