P1300036314

(R	equestor's Name	>)
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity N	ame)
(C	Occument Number	er)
Certified Copies	Certificat	es of Status
Special Instructions to	o Filing Officer:	





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COVER LETTER

TO: Amendment Section
Division of Corporations

	YOUR HOI ER: P1300086314		ARE, INC.			
The enclosed Articles o	The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	Please return all correspondence concerning this matter to the following:					
i	ROBERT GUEST	Γ				
 (GUEST, PEAVY,					
Firm/ Company 50 KINDRED ST., SUITE 303						
;	STUART, FL 349	Address 94				
_		City/ State and Zip Code	e			
robe	ert.guest@gpcpa					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
ROBERT GUEST		at (772	286-9005			
Name of	Contact Person	Area Code & Daytime Telephone Numb				
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)			
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301			

Articles of Amendment to Articles of Incorporation of

YOUR HOME HEALTH CARE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P13000086314 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: STAY AT HOME CARE, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered of fice address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 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			
Add Remove			
2) Change		-	•••
Add Remove			
3) Change			
Add			
Remove			
4) Change			
Remove			
5) Change			
Add Remove			
6) Change			
Add Add			
Remove			

If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument it not contained in the amendment usen;
(4)	
*** ***	

The date of each amendment(s) adoption: OCTOBER 23, 2013		, if other than th
date this document was signed		
Effective date if applicable:	OCTOBER 23, 2013	
<u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ad for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated/	10-24-13	
Signature	10-24-13 Man /	
se	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	MARK GROVE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	