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APR 23 2014

R. WHITE

COVER LETTER

Division of Corporations Sensi Care Services, INC. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Beverly M. Davi Name of Contact Person SENSICARE SERVICES, /NC. LUCAYA COURT ST JOHNS, FC 32259
City/State and Zip Code Beverly, Davis 353 @gmail, was
E-mail address: (Webe used for future annual report notification) For further information concerning this matter, please call: 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 (Additional Copy enclosed) 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	:	FILED
	Articles of Incorporation of	14	APR 18 FE 12: 17
Sensi Caro	. Services	i LNU SE	Artina de Cláte
Name of Corporation as curre		ot of State)	-Almosee, reorida
	ber of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607.1006, I its Articles of Incorporation:	Florida Statutes, this <i>Florida Pr</i>	ofit Corporation adop	its the following amendment(s
A. If amending name, enter the new name of			
Sensicare S	RVICES IN	10.	The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," of	"Corp," "Inc," or "Co". A p	any," or "incorpora rofessional corporatio	ted" or the abbreviation on name must contain the
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC			
 If amending the registered agent and/or renew registered agent and/or the new registered. 		rida, enter the name	of the
Name of New Registered Agent			
<u></u>			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
	(5.9)		
Naw Davistanal Arauth Sirastona if shansin	on Designational Amounts		
New Registered Agent's Signature, if changin I hereby accept the appointment as registered a	gent. I am familiar with and ac	cept the obligations o	f the position.
Signature	e of New Registered Agent, if ch	anging	

to

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 Do	<u>e</u>	,		
X Remove	Y	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	- , - : , - :	_				
Add				<u>. , . .</u>		
Remove	:					
2) Change		_				
Add			•			
Remove						
3) Change		_				
Add						
Remove						
4) Change		_	**************************************			
Add						
Remove						
5) Change	·····					
Add						
Remove						
6) Change						
Add						
Remove						

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· ·
16	nange, reclassification, or cancellation of issued shares,
<u>ii an amendment provides for an exch</u>	ange, reclassification, of cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	ndment if not contained in the amendment itself:

date this document was signed.		, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	4(14	
selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	_
Be	(Typed or printed name of person signing)	_
_	(Typed or printed name of person signing)	
<u>C</u>	と >	,
	(Title of person signing)	