P14000039209

Office Use Only



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JUL 3 0 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: _ A	Better_	Choice	Home	Health	Care	Inc.
DOCUMENT NUMB	er: <u> </u>	<u> </u>	9209				-
The enclosed Articles o	of Amendment and	fee are subn	nitted for filing	, .			
Please return all corresp	pondence concernir	ig this matte	r to the followi	ing:			
-	Dar	rielle	De Oli Name of Con	Veira tact Person			
-	A Better o	Chaice	Home Firm/Co	Health mpany	Care	Inc.	
-	2880 We	<u>s+ 0</u> 0	Addr Addr	Park css	Blvd., S-	te 11	
-	Fort. L	ouderd	ale, FL	333	11		
4			City/ State an	d Zip Code			
	Daniell E-mail address	ede o	bchhc.	om			_
	E-mail address	: (to be used	l for future ann	iual report n	otification)		
For further information	concerning this ma	iter, please	call:				
Danielle	De Olivei	ra	at (305	776-006	1	
Name o	f Contact Person			Area Code	& Daytime Tel	ephone Nu	mber
Enclosed is a check for	the following amor	unt made pa	yable to the Flo	orida Depart	ment of State:		
S35 Filing Fee	□\$43.75 Filing Certificate of	_	S43.75 Filin Certified Co (Additional c enclosed)	ру	S52.50 Filing Certificate of Certified Cop (Additional C is enclosed)	Status y	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Division Clifton E	nent Section of Corporations		
			Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of



14 JUL 16 PH 4: 10 Home Health Care (Name of Corporation as currently filed with the Florida Dept. of State) P 14000039209
(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: 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 office address: Name of New Registered Agent New Registered Office Address: (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	PT	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>V</u>	Danielle De Oliveira	
Add		There is correction in Name	
Remove	OLIVE	aniel Santos to DANIELLE DE EIRA & change her title from	
2) Change	н с R	to V	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	<mark>amending or adding additional Arti</mark> ttach <i>additional sheets, if necessary).</i>	(Be specific)
rovisions for implementing the amendment if not contained in the amendment itself:		
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	(if not applicable, indicate N/A)	numerical not contained in the amendment reserv
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The date of each amendme date this document was signed		, if other than the
Effective date if applicable	,	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	were adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	vere approved by the shareholders through voting groups. The following statement ded for each voting group entitled to vote separately on the amendment(s):	
"The number of vot	es cast for the amendment(s) was/were sufficient for approval	
by	"	
*	(voting group)	
action was not required.	vere adopted by the board of directors without shareholder action and shareholder	
Dated	7/14/14	
Signature	Danill Dealiversa	_
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Ognie lle De Oliveire (Typed or printed name of person signing)	_
	Vice Picsident (Title of person signing)	_