Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000026168 3)))



H150000261683ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number

: (305)675-5944

**Enter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	** :-4

t37	Address:			
EMALL	ACCURESS:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN ESTEVEZ HOME CARE, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2ND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

2/3/2015 5:02:00 PM PAGE 1/001 Fax Server



February 3, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ESTEVEZ HOME CARE, CORP. 3900 SW 122 AVE MIAMI, FL 33175

SUBJECT: ESTEVEZ HOME CARE, CORP.

REF: P14000081244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III FAX Aud. #: H15000026168 Letter Number: 615A00002226 850-817-8381

2/4/2015 10:34:23 AM PAGE 1/001 Fax Server



February 4, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

ESTEVEZ HOME CARE, CORP. 3900 SW 122 AVE MIAMI, FL 33175

SUBJECT: ESTEVEZ HOME CARE, CORP.

REF: P14000081244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

FAX Aud. #: H15000026168 Letter Number: 915A00002264

CD

1,1

Articles of Amendment to Articles of Incorporation

ESTEVEZ HOME CARE, CORP.	•	
(Name of Corporation as currently fi	iled with the Florida Dept. of State)	
	2081244	
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of incorporation:	a Stabiles, this Florida Profit Corporation adopts the following	samendanent(s) to
A. Hamending name, enter the new name of the co	orporation:	
	rd "corporation," "company," or "incorporated" or the ab o, ""Inc," or "Co". A professional corporation name must c abbreviation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD.	ei DRESS)	
·		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	230	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	red office address in Florida, enter the name of the	-
Name of New Registered Agent	P.O.	5 5
	N= 11	
	(Florida street address)	To I years
Now Registered Office Address:	(Cio) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	pistered Agent: I am familiar with and accept the obligations of the position.	: 07
Signature of Ne	lew Registered Agent, if changing	

Page 1 of 4

H1500002618B

H 15000028188

address of each Office (Auath additional shee Pleass note the officer/s	r and/or l ts. if neces director tit	Director I sary) ile by the j	ving added: first letter of the office title:	Scer/director being removed and title, name, and $R = Trustes; \ C = Chairman \ or \ Clerk; \ CEO = Chief$	
Executive Officer; CFC held. President, Treasu Changes should be not) = Chief rer, Direct ed in the fi leaves the c	Financial tor would ollowing r corporate	Officer. If an officer/director holds n be PTD. nanner. Currently John Doe is listed a m, Sally Swith is named the V and S. T	nore than one title, list the first letter of each offices the PST and Miks Jones is listed as the V. There is these should be noted as John Doe, PT as a Change	e
Example:				ļ	
X Change	PT	<u>John D</u>	•		
X Remove	¥	Mike J	ones .		
_X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Tale		Name	Address	
1) Change	VP	_	ESTEVEZ, OMAYDA	526 SW 66TH AVE	
Add		—-		MIAMI	
Remove				FLORIDA33144	
2) Change	Т		REYES, CLAUDIA	526 SW 66TH AVE	
Add				MIAMI	
Remove				FLORIDA33144	
3) Chauge					
Add					
Remove					
4) Change	 -				
Add					
Remove					
5) Change	<u> </u>				
Add					
Remove					
6) Change					
Add		_	_		
Remove					

Page 2 of 4

amending or adding additional Artitach additional Sheets, (Inccessory).	(Be specific)
	
	<u></u>
	Name of terror of the same
provisions for fundementing the auc	hance, reclassification, or cancellation of issued shares, endment if not contained in the emeadment itself:
(If not applicable, indicate N/A)	
	

Page 3 of 4

#7087 P.007/007 #15000025163

The date of each amendment(s) adoption: JANAURY 30, 2014	, if other	han t
date this document was signed.		1
Effective date if applicable: JANUARY 30, 2014		ı
(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
I be amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes east for the amendment(s) was/were sufficient for approval		<u> </u>
by"		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
The amendment(s) was/were adopted by the incorporators without shareholder action and chareholder action was not required.		
Deted JANUARY 307 2014		
Signature Law.		
(By a firestor, 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)		
OVANNY ESTEVEZ		
(Typed or printed name of person signing)	<u> </u>	
PRESIDENT		T
(Title of person signing)		
	Things manager worth	