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15 NOV 25 AM 4: 02 SECRETARY OF STATE TALLAHASSEE FLORID

HMC| CEC 01 2015 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ON:WHO	CARES OF CENTRAL F	LORIDA, INC.
DOCUMENT NUMBER:	P14000091200		
The enclosed Articles of Art	nendment and fee are su	bmitted for filing.	
Please return all correspond	ence concerning this ma	tter to the following:	
		DOMENIC H. CALICCH	IA
		Name of Contact Persor	1
	PROFES	SIONAL ACCOUNTING	SERVICES, INC.
 -	,	Firm/ Company	
	15:	20 BOTTLEBRUSH DR. N	NE
A		Address	
		PALM BAY, FL 32905	;
		City/ State and Zip Code	2
For further information con		sed for future annual report	notification)
DOMENIC H. CALICCHI			951-8878
	ntact Person	at (Area Co) 951-8878 de & Daytime Telephone Number
Enclosed is a check for the	following amount made		
S35 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 A	···		Address
Amendme	ent Section	Ameno	Iment Section

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

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

Articles of Amendment Articles of Incorporation of

FILED

15 NOV 25 AM 4: 02

WHO CARES OF CENTRAL FLORIDA, INC.

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Depth State) FLORIDA

P14000091200

	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	dopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designe word "chartered," "professional associat	ation "Corp," "Inc," or "C	o". A professional corpor .A."	
B. Enter new principal office address, i		923 BAREFOOT BLVD	
(Principal office address MUST BE A ST		MICCO, FL 32976	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		923 BAREFOOT BLVD	
		MICCO,FL 32976	
D. If amending the registered agent annew registered agent and/or the new	d/or registered office addre	ss in Florida, enter the na	me of the
Name of New Registered Agent	DANNY L. FAIRBANKS		
Nume of you negistered rigen	923 BAREFOOT BLVD		
	(Florida stree	et address)	
New Registered Office Address:	МІССО		, Florida 32976
	(0	City)	(Zip Coder
New Registered Agent's Signature, if cl	nanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I um familiar w	ith and accept the obligation	1s of the position.
	Signature of New Re	gistered 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	FRANK WASILOWSKI	360 OSMOSIS DR.
Add			PALM BAY, FL 32908
XX Remove			
2) Change	Р	DANNY L. FAIRBANKS	923 BAREFOOT BLVD
XX			MICCO, FL 32976
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	*****		
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:

•	NOVEMBER 17, 2015	
The date of each amendment(s) addate this document was signed.		, if other than the
Effective date if applicable:		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date partment of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	s)
	proved by the shareholders through voting groups. The following statemore each voting group entitled to vote separately on the amendment(s):	2nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	ork Wasiloushe	
	irector, president or other officer – if directors or officers have not been	
	d, by an incorporator - if in the hands of a receiver, trustee, or other cour	rt
appoin	ted fiduciary by that fiduciary)	
	FRANK WASILOWSKI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	