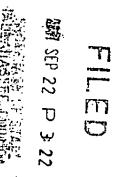
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COYER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Asian Senior Home Care, Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laurie M. Lee Name of Contact Person Elevate Business Law, PA Firm/ Company 4446-1A Hendricks Avenue, Suite 353 Address Jacksonville, FL 32207 City/ State and Zip Code moyer.realty@gmail.com (E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 860-3111

Area Code & Daytime Telephone Number Laurie M. Lee Name of Contact Person 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 enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of

	Asian Senior	Home Care, Inc.
(Name e	of Corporation as curren	tly filed with the Florida Dept. of State
	P1400	0093773
	(Document Num	ber of Corporation (ifknown)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	isFlorida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new i	name of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address.	, if applicable:	N/A
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if app		N/A
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX	
B. If amanding the registered agent a	nd/or registered office od	dress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	N/A	
the state of the s		
	(Florida:	street address)
New Registered Office Address.	N/A	
		, Florida
New Registered Agent's Signature, if c		
I hereby accept the appointment as regis	tered agent. I am familia	with and accept the obligations of the position.
	1	
	Ann	a Marie
	/ 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.

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>	Address
1) Change	D	Anna Moyer	154 Hilden Road, Suite 102
X Add			Ponte Vedra, Florida
Remove			32081
2) Change	D	Brett Moyer	154 Hilden Road, Suite 102
X Add			Ponte Vedra, Florida
Remove			32081
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
· 			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here (Attach additional sheets, if necessary). (Be specific)
Article IV is hereby amended to read as follows:
Anicle IV
The number of shares the corporation is authorized to issue is: 10,000.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares.
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

8/24/7
The (date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 70 this tyler unertainen jue tale)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
☐ The 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
by
(woting 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 shareholder action was not required.
Dated824117
Signature April Moyer
(By a director, president or other officers 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)
Anna Moyer
(Typed or printed name of person signing)
Incorporator
(Title of person signing)