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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Complete Care Poo	of II, Inc.		
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Randall F. Christiano			
		Name of Contact Person	n	
	Complete Care Pool II, Inc.			
		Firm/ Company		
	6721 Whiteway Drive			
	Address			
	Temple Terrace, FL 33617			
		City/ State and Zip Cod	e	
mwel	nristiano@gmail.com			
		sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Margaret Christiano at (813 340-1395		340-1395 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Complete Care Pool II, Inc.				
(Name of C	Corporation as currently	filed with the Florida De	ot. of State)	
P15000014380				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new name	of the corporation:			
NIA				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corpo		
B. Enter new principal office address, if a (Principal office address MUST BE A STR.		MA		
(Crimingal office address <u>programs</u> and	,			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		MA		
D. If amending the registered agent and/onew registered agent and/or the new recommendation of the new registered agent and/or the new registered agent agen		ss in Florida, enter the na	me of the	
Name of New Registered Agent				
_	(Florida stree	et address)		
New Registered Office Address:	NIA		. Florida	
New Neglisiered Office Mudress.	((City)	(Zip Co	ode)
New Registered Agent's Signature, if charle hereby accept the appointment as registere	nging Registered Agent: ed agent. I am familiar wi	ith and accept the obligatio	ns of the position.	
MA			602	11 cm -d 17 cm -d 1
	Signature of New Re	gistered Agent, if changing	P 3: 34	5

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	i	
X Add	<u>sv</u>	Sally Smith	1	
Type of Action (Check One)	<u>Title</u>	N	<u>arne</u>	Address
1) Change	VD	M	largaret W. Christiano	6721 Whiteway Drive
X Add				Temple Terrace, FL 33617
Remove				
2) Change				
Add				
Remove				<u> </u>
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		- -		
Add				
Remove				
6) Change			<u> </u>	
Add				-
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	
MIA	
-	
F. If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	stanent it not conducted in the amendment facts.
Randall F. Christiano transferred 50 shares	s to Margaret W. Christiano. Ownership is as follows:
Randall F. Christiano 50 shares, and Marga	aret W. Christiano 50 shares.

The date of each amendment date this document was signed		if other than the
	1/1/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	<u>;</u>
	this block does not meet the applicable statutory filing requirement of State's records.	its, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amere sufficient for approval.	endment(s)
	re approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and share	cholder
SC	by a director, president or other officer – if directors or officers have elected, by an incorporator – if in the hands of a receiver, trustee, or oppointed fiduciary by that fiduciary)	
ч	Randall F. Christiano	
	(Typed or printed name of person signing)	
	President, Director	
	(Title of person signing)	