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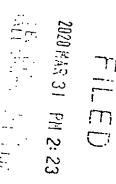
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Amendice

APR 1 4 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Advantage Home Care Services, From
DOCUMENT NUMBER: 150002/14
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer Pearl
Name of Contact Person
Firm/ Company
2404 NE 9Th Street
Address
TORT LAUDERDALE, FL. 33304 City/State and Zip Code
CARESTAFFING 12 & GMAIL, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jenster Pearl at (561) 385-3096 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee S43.75 Filing Fee S43.75 Filing Fee Sertificate of Status (Additional copy is enclosed) S43.75 Filing Fee Sertified Copy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Compositions Division of Compositions
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation					
of of					
Advantage Home Care Services, INC.					
(Name of Corporation as currently filed with the Florida Dept. of State)					
P15000027114					
(Document Number of Corporation (if known)					

nt(s) to

(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendmen
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	20°
	:: W
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· - 17
(Musting duaress MAT BE A FOST OFFICE BOX)	
	2.
	23
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	\bigcirc 1
Name of New Registered Agent Penniter	terri
21/51/21/ 9th	Strat
(Florida stree	STVEE!
(Piorula siree	2 2 2 2
New Registered Office Address: WET LAVIDERS	ALE Florida 33304
(0	City) (Zip Code)
New Registered Agent's Signature, inchanging Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position
Thereby weeep the appointment as regimered agent. I am jumpitar wi	in and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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 Doc	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change		Jennifer Fearl	Address 2404 NE 9Th Street FORT LANDERDALE, FL. 33364
Add Remove			TOPI LANDERDALE, 1 = 5530
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

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s for an exchange, rech	assification, or cance	llation of issued share	s,
ting the amendment if i	not contained in the	amendment itself:	
icate iV/A)			
			·
NIA			
	 		
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		-	_ .
1	s for an exchange, reclating the amendment if	ting the amendment if not contained in the	s for an exchange, reclassification, or cancellation of issued share ting the amendment if not contained in the amendment itself: licate N/A)

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable: 3/4/2020	
Effective date if applicable: 3/4/2020 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date 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 incorporators, or board of directors without shareholder action was not required.	on and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
Signature (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 cour appointed fiduciary by that fiduciary) (Typed or printed name of person signing)	
(Title of person signing)	<u>Kresident</u>