P150000 27114

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ADVANTAGE HO	OME CARE SERVICES,	INC.
DOCUMENT NUMB	P15000027114		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JENNIFER PEARL		
•		Name of Contact Pers	on
-		Firm/ Company	
	2404 NE 9TH STREET		
•		Address	· · · · · · · · · · · · · · · · · · ·
_	FORT LAUDERDALE, FL 3	33304	
		City/ State and Zip Co	de
	carestaffing12@gmail.com		
•	E-mail address: (to be us	sed for future annual repo	rt notification)
For further information	concerning this matter, pleas	se call:	
JENNIFER PEARL		at (385-9096
Name o	f Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De	partment 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ame Divis The 2415	et Address Indiment Section Ition of Corporations Centre of Tallahassee IN. Monroe Street, Suite 810 Inhassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ADVANTAGE HOME CARE SERVICES, INC.

(<u>Name of Corporati</u>	ion as currently filed with the Flo	rida Dept. of State)	
P15000027114			
(Docum	ment Number of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Corp	oration adopts the following amenda	ment(
. If amending name, enter the new name of the co	orporation:		
		The n	iew
ame must be distinguishable and contain the word "co Inc.," or Co.," or the designation "Corp," "Inc, chartered," "professional association," or the abbre	" or "Co". A professional corp	oration name must contain the we	
Enter new principal office address, if applicable		70	_
Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	ذ	
		7.1 5.	- -
S. Park and a second through the second transfer that the		্য ম	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	$\mathbf{O}\mathbf{X}_{t}$	5	
			_
). If amending the registered agent and/or registenew registered agent and/or the new registered		er the name of the	-
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
Towns of the Control	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.		abligations of the position	
петеру иссері іне арроінітелі ах гедімегей адені.	1 am jaminiar with and accept the c	obligations of the position.	
Sign	ature of New Registered Agent, if c	hanging	
	-		
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)

Example:

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JENNIFER PEARL	2404 NE 9TH STREET
<u>*</u> Add			FORT LAUDERDALE, FL 33304
Remove			
2) Change	P	MICHAEL SURIN	1770 EAST LAS OLAS BLVD
A dd			FT LAUDERDALE, FL 33301
X Remove		_	
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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)	Had additional one to, if necessary	rticles, enter change(s) he 	-		
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			<u> </u>		

he date of each amendment(s) acate this document was signed.	doption:, if other than the
ffective date if applicable:	
	(no more than 90 days after amendment file date)
ote: If the date inserted in this bocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	
,	(voting group)
08/25/2020 Dated	SIGN HERE
(By s-d selected	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 court ted fiduciary by that fiduciary)
	JENNIFER PEARL
	(Typed or printed name of person signing)
	PRESIDENT / DIRECTOR / VICE PRESIDENT
	(Title of person signing)