

P15 000065003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000233390 3)))



H150002333903ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : FILLINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

Attn: Kelly Carrothers

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2015 OCT -7 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

OCT 08 2015

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
INTEGRATED HOME CARE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
OCT -7 PM 2:10

Electronic Filing Menu

Corporate Filing Menu

Help

H15000233390

Articles of Amendment
to
Articles of Incorporation
of

(Name of Corporation as currently filed with the Florida Dept. of State)

Integrated HOME CARE SERVICES, INC.

(Document Number of Corporation (if known))

P150000 65003

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1119 N.W. 48th STREET

Suite 230

Doral, FL 33106

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15476 NWV 77th CT

705

Miami Lakes, FL 33016

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

H15000233390

FILED
2015 OCT -7 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000233390

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Executive Chairman	RAUL RODRIGUEZ	7719 NW 48th ST Suite 230 Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
CFO	PAUL PINO	7719 NW 48th St. Suite 230 Doral, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Executive VP OF HOME HEALTH	KAREN JOBLOVE	7719 NW 48th St. Suite 230 Doral, FL 33166	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

H15000233390

H15000233390

The date of each amendment(s) adoption: _____
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 cast for the amendment(s) was/were sufficient for approval

by _____"
(voting 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.

Dated _____

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 court appointed fiduciary by that fiduciary)

Linda Hernandez

(Typed or printed name of person signing)

COO

(Title of person signing)

H15000233390