Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H150002333903)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FILINGS, INC. Account Number : 072720000101

Phone : (850)385-6735 Fax Number (954)641-4192

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

OCT 0.8 2015

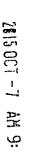
COR AMND/RESTATE/CORRECT OR O/D RESIGN INTEGRATED HOME CARE SERVICES, INC.

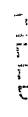
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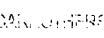












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Articles of Amendment Articles of Incorporation

(Zip Code)

(Name of Corporation as currently filed with the Florida Dept. of State) HOME CARE ocument Number of Corporation (if known) 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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) i<u>Miami</u> Lakes 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)

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

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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)

Title	<u>Name</u>	Address	Type of Action	
Executive Choicman	RAUL RODRIGUEZ	7719 NW 48th ST Suite 230 Doral, FL 33166	Add Remove	
<u>C</u> FO	PAUL PINO	7719 NW 48th St. Suite 230 Doral, FL 33166	Add Remove	
Executive VF OF HOME HEA	KAREN JOBLOVE	7719 NW 48th St. Suite 230 Doral, FL 33166	Add Remove	
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Re specific)				
			,	
			,	
		<u>, </u>		
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)				

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The date of each amendment(s	adoption:
Effective date if applicable:	(date of adoption is required)
Ellective tate it appareable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s e sufficient for approval.
	approved by the sharcholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):
"The number of votes o	ast for the amendment(s) was/were sufficient for approval
by	11
((voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholde, adopted by the incorporators without shareholder action and shareholder
selec	a director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a reediver, trustee, or other court inted fiduciary by that fiduciary)
	Linda Hondez
	(Typed or printed name of person signing)
	$C\omega$
	(Title of person signing)