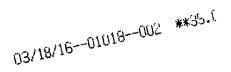
P10000017759

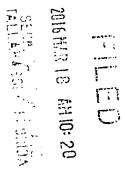
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: $\frac{V}{L}$	OSOL HOME HEA	LTH CARE INC	
DOCUMENT NUMBER: P1600			
The enclosed Articles of Amendme	ent and fee are subm	nitted for filing.	
Please return all correspondence co	oncerning this matter	r to the following:	
PAUL MIL	LMAN		
-		Name of Contact Person	1
PAUL MIL	LMAN CPA		
		Firm/ Company	
1881 UNIV	ERSITY DR. #100		
		Address	•
CORAL SP	RINGS, FL 33071		
		City/ State and Zip Cod	
PAUL@MILLMA	NCPA.COM		
E-mail	address: (to be used	for future annual report	notification)
For further information concerning	this matter, please of	call:	
LISA		at (345-5778
Name of Contact Pe	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made pay	yable to the Florida Depa	ertment of State:
	75 Filing Fee & Ificate 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 Addres Amendment Sectorial Division of Corp P.O. Box 6327 Tallahassee, FL.	tion orations	Amend Division Clifton 2661 E	Address Iment Section In of Corporations Building Executive Center Circle Essee, FL 32301

Articles of Amendment to Articles of Incorporation of

VOSOL HOME HEALTH CARE INC	VOSOL	HOME	HEALTH	CARE INC
----------------------------	-------	------	--------	----------

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P16000017759	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
VISOL HOME HEALTH CARE INC	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses.	
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(City) (Elp Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent. I am familia	
,	
Signature of Nov	Registered Agent if changing

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 Do	<u>e</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	nith		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_			
Add					
Remove					·
2) Change					
Add	<u>:</u>				·
Remove				•	·
3) Change					
Add					
Remove			·		
4) Change					
Add		- 			
Remove					
5) GI					
5) Change					
Add					
Remove					
6) Change		_			
Add					
Remove					

. If amending or adding a (Attach additional sheets,	if necessary). (Be	specific)			
		- 1001 · 20 · 1			
	"				
				·	
		······································			
If an amendment provio provisions for impleme (if not applicable, in	enting the amendme	, reclassification, nt if not containe	or cancellation of d in the amendme	issued shares, ent itself:	
			 ,		
					

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (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 of document's effective date on the Department of State's records.	will not be listed as the
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 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)	
TRUDELL DOCTOR	
(Typed or printed name of person signing)	
PRES	
(Title of person signing)	