06/23/2016

08:41 PD7

Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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H160001521493ABC\$

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TOI

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 Phone : (305)436-0093 Fax Number : (305)436-0094

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

Email Address:	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN H CARE CORP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

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C. CARROTHERS

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Corporate Filing Menu

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TO:18506176380 FROM:7862171243

171243 Page: 4 (4 16 000 152 149 3)

COVER LETTER

Division of Corpo					
NAME OF CORPOR	RATION: H CARE CORP				
DOCUMENT NUME	BER: P16000033846				
The enclosed Articles	of Amendment and fee are si	abmitted for filing.			
Please return all corres	spondence concerning this me	atter to the following:			
	JOEMILY HERNANDEZ				
		Name of Contact Person	n		
,	JP GLOBAL BUSINESS SO	OLUTIONS INC			
		Firm/ Company			
	1395 BRICKELL AVE, STI	∃ 1380			
		Address			
	MIAMI, FLORIDA 33131				
		City/ State and Zip Cod	•		
INFO	@JPGBUSINESS.COM				
+1+1H-himsel	E-mail address: (to be u	sed for future annual report	notification)		
For further information	concerning this matter, plea	se call:			
JOEMILY HERNAN	DEZ	at (_305	3593700		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
			•		
Enclosed is a check for	the following amount made	payable to the Florida Depa	riment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee		
_	Certificate of Status	Certified Copy	Certificate of Status		
		(Additional copy is	Certified Copy		
•		enclosed)	(Additional Copy		
			is enclosed)		
	ing Address	Street	Address		
	ndment Section	Amendment Section			
	tion of Corporations Box 6327	Division of Corporations			
	Building				
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					
		t alfana	33CC, FL 323VI		

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Articles of Amendment to Articles of Incorporation

H CARE CORP		
(Name of Corporation	on as currently filed with the Flori	ida Dept. of State)
P16000033846	•	
(Docum	nent Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	s Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation;	The now
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	." "Inc." or "Co". A professional	"incorporated" or the abbreviation of corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	i DRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	(X)	
 If amending the registered agent and/or register new registered agent and/or the new registered 	red office address in Florida, enter office address:	the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	elstered Agent:	, , ,
Sign	ature of New Registered Agent, if ch	anging

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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)

Please note the officer/director title by the first letter of the office title:

P = President; V * Vice President; Tu 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	PI	John Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Litte	Name	Address
1) X Change	P	HELIO NAKANISHI	950 BRICKELL BAY DRIVE
Add		\	APT 3703
Remove			MIAMI, FL 33131
2) Change		_	
Add			
Remove			The second secon
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			water and the second se
Remove			

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If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Z	
	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	gament it not contained in the amendment usen.
······································	

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06/23/20)16 (8:41	PDT	TO:18506176380	FROM: 7862171	1243 H 1600015	Page: 2149	3)
	The date of date this de			06/22/2016 loption:		THE PROPERTY OF THE PROPERTY O	, if other th	nan the
	Effective of	iste <u>if app</u>	licable:	(no more than	90 days after amendment	file date)		
				lock does not meet the appl partment of State's records.	ticable statutory filing req	uirements, this date will	not be listed	as the
	Adoption	of Amend	ment(s)	(CHECK ONE)				
				pted by the shareholders. T	he number of votes cast fo	r the amendment(s)		
				roved by the shareholders the each voting group entitled to				
		The number		for the amendment(s) was/w				
	b	/		(voting group)		**		
		endment(s) vas not req		pted by the board of director	rs without shareholder acti	on and shareholder		
		endment(s) vas not requ		pted by the incorporators wi	thout shareholder action at	nd shareholder		
		Dat	06/22 / 2016 ed					
		Sig	selected	rector, president or other off, by an incorporator – if in the diduction of the fiduction o	ficer if directors or office he hands of a receiver, true		_	
					I name of person signing)			
				PRESIDENT	- -			

(Title of person signing)