P1600065027

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MAY 3 0 2017 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: INSPIRED LIVING	G HOME CARE, INC.			
DOCUMENT NUMB	ER: P16000065027				
The enclosed Articles of	f Amendment and fee are sui	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
(GEORGE ENSOR				
-		Name of Contact Persor	1		
I	INSPIRED LIVING HOME CARE, INC.				
_	Firm/ Company				
2	100 9th Ave N. Suite 210-6	. ,			
-		Address			
9	Safety Harbor, FL 34695				
-		City/ State and Zip Code	3		
i	dliningha@esahaa				
inspire	dlininghc@yahoo.com	ed for future annual report	natification)		
	E-man address. (to be ds	ed for future annual report	nonneadon)		
For further information	concerning this matter, pleas	e call:			
GEORGE ENSOR		at (⁷²⁷	488-1493		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made [payable to the Florida Depa	rtment of State;		
■ \$35 Filing Fee	□S43.75 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)		
Amer Divis P.O.	ing Address Indment Section Indicate the Address Indicate the Indicate th	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

INSPIRED LIVING HOME CARE, INC.

(Name o	of Corporation as curr	ently filed with the Florid	a Dept. of State)	
P16000065027				
	(Document Number	er of Corporation (if known))	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, 1	his <i>Florida Profit Corpora</i>	ation adopts the following amendment	ent(s) to
A. If amending name, enter the new na	nme of the corporation	<u>i</u>		
N/A			The new	,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," e	or "Co". A professional c		
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S				
			ACE 17 1	
			<u> </u>	1)
C. Enter new mailing address, if appl		N/A	30 ASS	1
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)			m
			 ယ	
			<u> </u>	
D. If amending the registered agent ar	d/or registered office	addrass in Florida, antar t	he name of the	
new registered agent and/or the new			are name of the	
Name of New Registered Agent	George Ensor			
	200 9th Street Suite 2	10-6		
	(Florid	a street address)		
New Registered Office Address:	Safety Harbor		. Florida	
		(City)	(Zip Code)	
N D	b	4		
New Registered Agent's Signature, if c I hereby accept the appointment as regis			igations of the position.	
	7. (1		
	Signature of M.	w Registered Agent, if cha	ngmg	

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.

X Change	<u>PT</u>	John Doc	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	MARION VASQUEZ	10704 Preserve Lake Drive
Add			Apt 205
X Remove			Tampa, FL 33626
2) Change	PT	GEORGE ENSOR	200 9th Ave N.
X Add			Suite 210-6
Remove			Safety Harbor, FL 34695
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			,
Remove			

(Attach additional sheets, if necessary). (Be specific) N/A 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) N/A	E. If amending or adding additional Arti-	cles, enter change(s) here:
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)		(Be specific)
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(if not applicable, indicate N/A)	F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	(if not applicable indicate N/A)	ndment if not contained in the amendment itself:
	-	
	The second secon	

	MAY 13, 2017		
The date of each amendment(s) ad	option:	_, if other	than the
date this document was signed.			
Effective date <u>if applicable</u> : N/A			
Encenve date <u>ir applicable</u> .	(no more than 90 days after amendment file date)		
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listo	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were adopty the shareholders was/were sufficiently.	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.		
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
	or the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)	SE 7	
	oted by the board of directors without shareholder action and shareholder	MAY 30 CRETAR	
The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	PH 3:	
Dated5	/13/2017	55 55 C	
Signature	rector, 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 ed fiduciary by that fiduciary)		
	MARION VASQUEZ		
-	(Typed or printed name of person signing)		
	PRESIDENT		
-	(Title of person signing)		