P160	0092459
(Requestor's Name) (Address) (Address)	100301914481
(City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: Special Instructions to Filing Officer: Office Use Only	JUL 31 2017 S. YOUNG

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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.Incserv.com e-mail: info@incserv.com

incserv

ORDER FORM

FROM

Florida Department of State Division of Corporations, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 corphelp@dos.myflorida.com 850-245-6051 Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 7/28/2017

PRIORITY Routine

OUR REF # (Order ID#) 586912

ORDER ENTITY HOME CARE MARKETING, INC

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached change of agent document

NOTES:

\$35.00 Authorized

Email address for annual report reminders: mstops@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

lisse

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Articles of Amendment to Articles of Incorporation of

HOME CARE MARKETING, INC

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

P16000092459

(Document 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:

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. <u>Enter new principal office address</u> . (Principal office address <u>MUST BE A S</u>					
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)				17	
		······································		<u> </u>	
				53	
	d/or registered office address in Flor	ida, enter the name of the		્રા	J
new registered agent and/or the new	v registered office address;		ΞĽ.		
Name of New Registered Agent	Incorporating Services, Ltd.			ිත	
	1540 Glenway Drive				
	(Florida street address)				
<u>New Registered Office Address:</u>	Tallahassee	, Florida ³²³	901		
The Methoder of Office Autoress.	(City)		(Zip Cod	'e)	

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.

ELISSE Signature of New 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

X_Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>\$V</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			<u> </u>
2) Change		<u> </u>	
Add			
Remove			
3) Change	<u> </u>		·····
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u>-</u>		
Add			
Remove			·
δ) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:

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(Attach additional sheets, if necessary). (Be specific)

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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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• •	7/11/2017	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after a	mendment file date)
Note: If the date inserted in this document's effective date on the I		y filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	lopted by the shareholders. The number of v sufficient for approval.	otes cast for the amendment(s)
	proved by the shareholders through voting g r each voting group entitled to vote separate	
	t for the amendment(s) was/were sufficient f	br approval
by		
	(voting group)	
The amendment(s) was/were a action was not required.	lopted by the board of directors without shar	cholder action and shareholder
The amendment(s) was/were a action was not required.	lopted by the incorporators without sharehold	der action and shareholder
7/25/201	7	
Dated		
	lat Call	and the second se
Signature	director, president or other officer - if direct	ors or officers have not been
	ed, by an incorporator $-$ if in the hands of a	
арро	nted fiduciary by that fiduciary)	
	Gregory Rispler	
	(Typed or printed name of pers	on signing)
	President	
	(Title of person sig	ning)

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