

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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(Document Number)			
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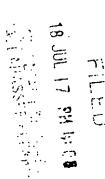
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## **COVER LETTER**

TO: Amendment Section

Division of Corpora	ations				
NAME OF CORPORA	TION: Hear	ts of Ca	re Home Health In a		
DOCUMENT NUMBE	R: P 170000 S	59712			
The enclosed Articles of	*Amendment and fee are su	bmitted for filing.			
Please return all correspo	ondence concerning this ma	tter to the following:			
Τ	- -	_			
	Thor	Name of Contact Person	1671		
		Name of Contact Person	1		
_					
		Firm/ Company			
_	6900	Tavistock	Lakes Blud Svite 400		
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_	Orland.	0 FC 329	327		
		City/ State and Zip Code	è		
	Thomas Ke E-mail address: (to be us	CNEY 460 (sed for future annual report	Smail. com v notification)		
For further information c	concerning this matter, pleas	se call:			
Thomas	Kerney Contact Person	at ( <u>407</u> Area Coo	de & Daytime Telephone Number		
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	he following amount made				
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailir	ig Address	Street	Address		
Ameno	lment Section	Amend	ment Section		
	on of Corporations	Division of Corporations			
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Tallahassee, Fl. 32301

## **Articles of Amendment**

to

## Articles of Incorporation of

Hear'ts of Care 1	Home	health -	Inc.		
(Name of Corporation a				)	
P170000	597	12			
		orporation (if knowr	1)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this ${\it Fle}$	orida Profit Corpora	ntion adopts the t	ollowing amer	idment(s) to
A. If amending name, enter the new name of the corpo	oration:				
Hearts OF Care I	nc.			• The	new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." "word "chartered." "professional association," or the abb	'Inc," or "Co	". A professional o	corporation nam	e must contail	u the
B. Enter new principal office address, if applicable:		6900	Tavist	Lock	ckes
(Principal office address MUST BE A STREET ADDRE		Blud	1		<del></del>
		6900 Blud Suite	400	orland	o KL
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2/ 318	27	3よ 9 -
				18.	_
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		s i <u>n Florida, enter t</u>	he name of the		Ti
Name of New Registered Agent		·		7	LED
<del></del>	(Florida street	addrau)	<u> </u>		
	(Fibrida sireti	auaress)		`` 😄	
New Registered Office Address:	(Ci		Florida_	(Zip Code)	_
				•	
New Registered Agent's Signature, if changing Register	red Agen <u>t:</u>				
I hereby accept the appointment as registered agent. I an	n familiar with	and accept the obli	gations of the po	sition.	
Signatur	e of New Regi	stered Agent, if chai	nging — -—		

## 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 Doe	
X Remove	<u>V</u>	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		<u> </u>	
Add			
Remove			
2) Change		_	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. •	eets, if necessary).	. (Be specific)				
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f an amendment p	royides for an exc	hange, reclassifi	cation, or cance	amondment ite		
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provisions for imp	lementing the am	hange, reclassifi	ontained in the	amendment its	911:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no mor	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendation.	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>E</u> )
☐ The amendment(s) was/were adopted by the shareholder by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by(voting group	<u> </u>
(voting group	)
☐ The amendment(s) was/were adopted by the board of d action was not required.	irectors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and shareholder
Dated 1-10-18	
	her officer – if directors or officers have not been if in the hands of a receiver, trustee, or other court duciary)
Tho (Typed or	mas E. Payne Keney printed name of person signing)
Pr	(Title of person signing)
	(Time or person signing)