

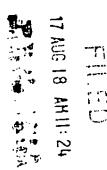
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Vibrant Light Home Care Services Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Uneerah S. Mayee
Name of Contact Person Firm/ Company 110 Stefanik Roau E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Muneerah Magee at (37), 300-4989

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: **⊠** \$35 Filing Fee □\$43.75 Filing Fec & ☐\$43.75 Filing Fee & □S52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

FILED

Articles of Amendment

to

17 AUG 18 AH 11: 24

to

Articles of Incorporation
VIBRANT LIGHT HOME CARE SERVICES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P17000065997
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(sits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
NIBRANT LIGHT HOME CARE, INC 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.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
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 address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
New Registered Office Address: (Florida street address) New Registered Office Address: (City) (Zip Code)
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. MJA
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:

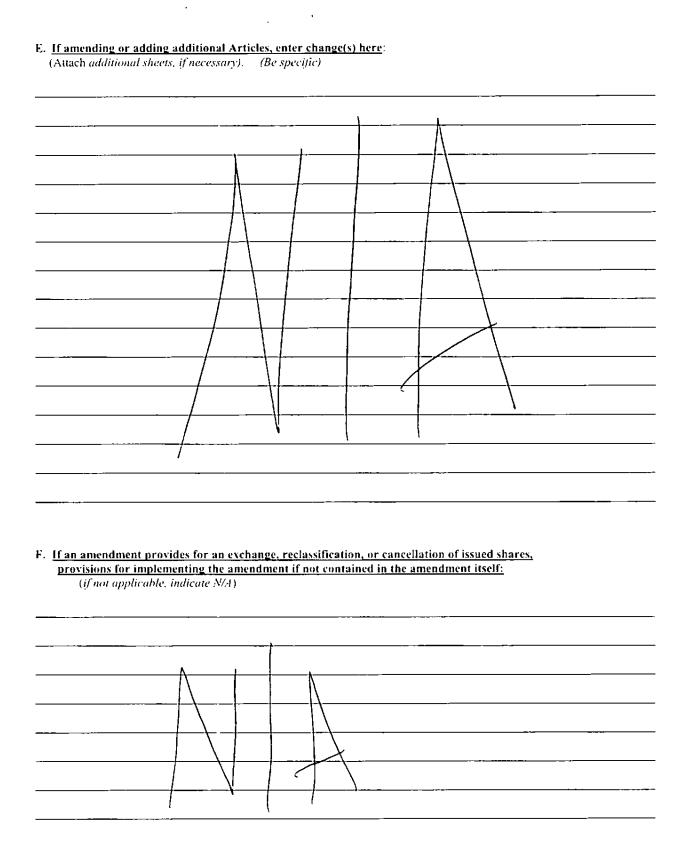
(Attach additional sheets, if necessary)

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.

X Change	PT John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	Title Name	<u>Addres</u> s
1) Change	M/A	
Add	1	— A1 I.A
Remove		
2) Change		
Add		
Remove	1. j n	— XI/A
3) Change	/V	
Add		
Remove	,	
4) Change	NA	_
Add		N IP
Remove		
5) Change	NA	
Add		
Remove		<u> </u>
6) Change	NIA-	
Add		
Remove)



The date of each amendment(s) adoption: _ late this document was signed.	8/15/17		, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after a	amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of		y filing requirements, this date will	not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		otes east for the amendment(s)	
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes cast for the am	endment(s) was/were sufficient fo	or approval	
	coting group)	·	
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without share	eholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	ne incorporators without sharehold	der action and shareholder	
Dated 08 15 1	7		
selected, by an in	esident or other Afficer — if direct acorporator — if in the hands of a r		_
• •	ary by that fiduciary)		
<u>_ Mu</u>	neerah Mage (Typed or printed name of person	<u>e</u>	
	Presiden (Title of person sign	, , , , , , , , , , , , , , , , , , , ,	
	/ Lamon w.P.	ع·	