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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Plan & Care, Inc. DOCUMENT NUMBER: P18000081687 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Mary Ann DeKing Name of Contact Person Plan and Care, Inc. Firm/ Company 3677 Divot Lane Address Sarasota, FL 34232 City/ State and Zip Code maryanndeking@planandcare.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Jefffey K Lemerman Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee S43.75 Filing Fee & **□\$43.75** Filling Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

FILED

Articles of Amendment to Articles of Incorporation of

2018 DEC -7 PM 2:57

Plan & Care, Inc. [Name of Corporation as current	TAIL THE STATE
(Name of Corporation as current	
 	ly filed with the Florida Dept. of State)
P18000081687	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
Plan and Care, Inc.	44
name must be distinguishable and contain the word "corporatio "Corp." "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	28 Equestrian Way
(Mailing address MAT BE A POST OFFICE BOX)	Lemont, IL 60439
 If amonding the registered agent and/or registered office address new registered agent and/or the new registered office address 	
Name of New Registered Agent	
(Florida stre	eet address)
	, Florida
New Registered Office Address:	

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	V	Mike Jones	
<u>X</u> Add	S <u>V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
I) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
2) Change		_	
Add			
Remove			
3) Change	·······		
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add	······································		
Remove			
Change			
Add			
Remove			

	(Be specific)			
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		or cancellation	of issued share	s.
f an amendment provides for an each	ange, reclassification			
f an amendment provides for an exch provisions for implementing the amer	auge, reclassification idment if not contain	ed in the amend	ment itself:	
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The date of each amendment(s) adoption:	April 1, 2018	, if other than
date this document was signed. April 1, 2018	U	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this tof State's records.	date will not be listed as
Adoption of Amendment(s)	CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendmen for approval.	t(s)
	y the shareholders through voting groups. The following states ting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the ar	mendment(s) was/were sufficient for approval	
by	(voting group)	
((voting group)	
☐ The amendment(s) was/were adopted by taction was not required.	the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopted by t action was not required.	the incorporators without shareholder action and shareholder	
Dated12/03/2018		
Signature	1-18	
selected, by an i	resident or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other coliary by that fiduciary)	
Mary Ar	nn DeKing	
	(Typed or printed name of person signing)	
Presiden	nt	
	(Title of person signing)	

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