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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Gulf Bro	reze Home Health, Inc.		
DOCUMENT NUMBER:	P1900	0005998		
The enclosed Articles of Amendment	and fee are sub	mitted for filing.		
Please return all correspondence conce	erning this matt	er to the following:		
		Lidia Montero		
	•	Name of Contact Person	1	
Gulf Breeze Home Health, Inc.				
Firm/ Company				
	12907 Bliss Loop			
	Address			
	Bradenton, FL 34211			
-		City/ State and Zip Code	e	
	lino	ntero@gulfbreezehh.com		
E-mail add		d for future annual report	notification)	
		·		
For further information concerning thi	s matter, piease	caii:		
Lidia Montero		786	281-8400	
Name of Contact Perso	าก	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following a	amount made p	ayable to the Florida Depa	irtment of State:	
	Filing Fee & te of Status	■S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI, 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

Gulf Breeze Home Health, Inc.

(Name of Corporation as curre	ently filed with the Florida D	Pept. of State)		
P190000	005998			
(Document Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corporatio</i>	n adopts the following	ing amend	ment(s
A. If amending name, enter the new name of the corporation:				
N/A			The n	e'W'
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional corp		<u>abbreviati</u>	on
B. Enter new principal office address, if applicable:	N/A			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	 			_
			2019	-
			AON 6	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A) ,	
maning address sarr br. A FOST OF FIG. BOX		•		_
		,		_
		:-	ς)	_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		name of the	£	
Name of New Registered Agent				
				
(Florida	(street address)		_	
New Registered Office Address:	(City)	, Florida	Code)	-
	(, , , ,	(
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent. I am familio	ar with and accept the obligat	ions of the position		
	w Registered Agent, if changir	•••	_	
Signature of Nev	w кедімегей адені, <i>ң спа</i> ндн	g		

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PD	Marc Green	2626 Buca Ciega Dr N
Add			St. Petersburg, FL 33710
X Remove			
2) X Change	PDVST	Lidia Montero	12907 Bliss Loop
Add			Bradenton, FL 34211
Remove			
3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adop	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Depa	ock does not meet the applicable statutory filing requirements, this date artment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholders through voting groups. The following statemen ach voting group entitled to vote separately on the amendment(s):	t
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were adopt action was not required.	ted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
October 2 Dated	8. 2019	
Signature		
(By a dire selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	Lidia Montero	
_	(Typed or printed name of person signing)	
	Director	
-	(Title of person signing)	