P19000035009

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIDA SUNSE	IINE HOME CARE INC	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	BRIDGETTE HIBBERT		
		Name of Contact Persor	1
	FLORIDA SUNSHINE HON	ME CARE INC	
		Firm/ Company	
	2201 SW 101 AVENUE SUI	• •	
		Address	
	MIRAMAR, FLORIDA 3302	25	
		City/ State and Zip Code	2
	FDAULEY@HOTMAIL.CO	DM .	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
LINDA DAULEY		at (<u>954</u>	_) 274-0158
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA SUNSHINE HOME CARE INC

(Name of Corporation as currently	filed with the Florida Dept. of State)
P19000035009	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	Ilorida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A j "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	7.0%
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	<del></del>
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address;	ss in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida stree	et address)
Now Projectored Office Address	Planida
New Registered Office Address: (C	, Florida City)
New Registered Agent's Signature, if changing Registered Agent:	ar a car tar a sair sa
hereby accept the appointment as registered agent. I am familiar wit	in and accept the congations of the position.
Signature of New Reg	gistered Agent, if changing
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	). F.S.

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)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	CEO	SHANEKA DAULEY	1243 NW 137TH TERRACE
Add			PREMBROKE PINES, FL 33028
Remove			
2) X Change	CFO	LINDA DAULEY	1243 NW 137TH TERRACE
Add			PEMBROKE PINES, FL 33028
Remove 3) Change			
Add			
Remove			
4) Change			<del>-</del>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>	_	
Add			
Remove			

(Attach <i>additi</i>	or adding additional Art onal sheets, if necessary).	(Be specific)			
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If an amend	ment provides for an exc	hange, reclassification	ı, or cancellation of i	ssued shares,	
provisions f	for implementing the am pplicable, indicate N/A)	endment if not contain	ned in the amendmer	<u>it itself:</u>	
(1) 1101 4	pphedole, maleule 1971)				
				<del></del>	

•	OCTOBER 13TH, 2020	
The date of each amendment(s) adop	tion:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendm	ent file date)
Note: If the date inserted in this bloc document's effective date on the Depa		requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors wi	thout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice.	d by the shareholders. The number of votes ca	st for the amendment(s)
	yed by the shareholders through voting groups. The voting group entitled to vote separately on the	
"The number of votes cast for	the amendment(s) was/were sufficient for appr	oval
by		."
	(voting group)	·
Dated 10   15   20	hanele Paulos	
(By a direc	tor, president of other officer if directors or o	
	y an incorporator – if in the hands of a receiver fiduciary by that fiduciary)	, trustee, or other court
SH	ANEKA DAULEY	
<del>-</del>	(Typed or printed name of person signi	ng)
CE	0	
<u> </u>	~	

(Title of person signing)