## P19000035009

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: FLORIDA SUNSH	INE HOME CARE INC	
DOCUMENT NUM	BER:		
	of Amendment and fee are sub	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	LINDA DAULEY		
		Name of Contact Person	
		Firm/ Company	
	1243 NW 137TH TERRACE		
		Address	
	PEMBROKE PINES, FLORI	DA 33028	
		City/ State and Zip Code	:
	UNIONISTR@AOL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
LINDA DAULEY		954 at (	274-0158
Name	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate 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, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CT	ODIDA	SUNSHINE	HOME	CADE	INC
нι	CHRIDA	VIII/VIII/VIE	HUMIE	LAKE	II VI

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000035009	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	1243 NW 137TH TERRACE
Principal office address MUST BE A STREET ADDRESS )	PEMBROKE PINES, FL 33028
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1243 NW 137TH TERRACE
maining duness MAT BEAT GOT OTTTOE DOS.	PEMBROKE PINES, FL 33028
	900 <b>≥ 19</b>
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	ireei address)
New Registered Office Address:	, Florida
iven Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position.
Cianatana of Man	Registered Agent, if changing
Signature of New	regimered rigent, y changing

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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 Doc V Mike Jones X Remove <u>\$V</u> Sally Smith <u>X</u> Add Address Name | <u>Title</u> Type of Action (Check One) 13749 NW 18TH COURT BRIDGETTE HIBBERT COO 1) \_\_\_\_ Change PEMBROKE PINES, FL 33028 \_\_\_ Add Remove 13749 18TH COURT ATHALIE EDWARDS SECR 2) \_\_\_\_ Change PEMBROKE PINES, FL 33028 Add Remove SHANEKA DAULEY CEO 1243 NW 137TH TERRACE Change PEMBROKE PINES, FL 33028 Add Remove 1243 NW 137TH TERRACE LINDA DAULEY 4) \_\_\_\_ Change PEMBROKE PINES, FL 33028 Add Remove 5) \_\_\_\_\_ Change Add Remove 6) \_\_\_\_ Change \_\_ Add Remove

Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
(y not applicable) the	

July 01, 2021 The date of each amendment(s) adoption:, if other than the content of the
The date of each amendment(s) adoption:, if other than to date this document was signed.
Effective date if applicable:
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
LINDA DAULEY
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)