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(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Southern Confort Home care INC
DOCUMENT NUMBER: P1900047074
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michele Tevlin Name of Contact Person
Southern Comfort Home care INC Firm/ Company
5630 Park BIVD N Suite (" Address
Pinellas Park, Fl 33781 City/ State and Zip Code
City/ State and Zip Code
Gorays Obo Ochoo. com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milhele Tevico at (727) 5427423 Name of Contact Person Area Code & Daytime Telephone Number
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

Street Address

Clifton Building

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment to Articles of Incorporation

Articles of Incorporation of

to

Southern (autort Han	u care 1	NC		
(Name of Corporation	as currently filed with	the Florida Dept. of St	ite)	
P19000047074				
(Documen	nt Number of Corporation	on (if known)		
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Pro	ofit Corporation adopts th	e following amen	dment(s)
A. If amending name, enter the new name of the corp	oration:			
			The	<i>ne</i> w
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abo	"Inc." or "Co". A pr		or the abbrevia	tion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>			_
			- 3	_
			19 2	
C. Enter new mailing address, if applicable:			JG 1	. 177.9 ***********************************
(Mailing address MAY BE A POST OFFICE BOX)		·	2	है हम्म्
			440 A	
			99.	- Carre
		· · · · · · · · · · · · · · · · · · ·	- H 0	_
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		ida, enter the name of th	<u>ie</u>	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		, Florid	a	
	(City)	 -	(Zip Code)	
New Registered Agent's Signature, if changing Register	ered Agent:			
I hereby accept the appointment as registered agent. I a	un familiar with and acc	cept the obligations of the	position.	
Signatu	ire of New Registered A	gent, 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.

Mike Jones, V as Remov Example:	re, and Sa	lly Smith, SV as an Add.	
X Change	<u>T4</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u> P</u>	Jorge Alonso	10224 ful (on Ter.
Add			Seminole, FL 33778
X Remove			
2) X Change	<u>_P</u>	Michele Tevlin	5111 Coquina Key Dr. E"C
Add			St Petc. fr. 33705
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change		 	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
	<u> </u>	-		-
			 	
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				<u>-</u>
	<u> </u>			
lf an amendment provides for an exch	ange, reclassification	i, or cancellation of	issued shares,	
(if not applicable indicate N/4)	idment if not contain	ned in the amendme	nt itself:	
(if not applicable, indicate N/A)				
			<u> </u>	
	<u> </u>			
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date this document w	as signed.	, if other than th
Effective date <u>if ap</u> r	dicable:	
	(no more than 90 days after amendment file date)	
Note: If the date in document's effective	serted in this block does not meet the applicable statutory filing requirements, this date of date on the Department of State's records.	will not be listed as th
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)	
The amendment(s by the shareholde) was/were adopted by the shareholders. The number of votes cast for the amendment(s) rs was/were sufficient for approval.	
☐ The amendment(s must be separated) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):	
"The numbe	r of votes east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not req) was/were adopted by the incorporators without shareholder action and shareholder	
Da	8 9 1 9	
Sig	(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)	
	Michele Teylin (Typed or printed name of person signing)	
	President.	