## P19000060418

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: WELCOME HON	MECARE SERVICES, INC			
	1BER: P19000060418				
	es of Amendment and fee are s	ubmitted for filing.			
Please return all corr	espondence concerning this m	atter to the following:			
	PAUL D BARKER, REGIS	TERED AGENT			
	Name of Contact Person				
	WELCOME HOMECARE SERVICES, INC.				
	Firm/ Company				
	9570 REGENCY SQUARE BOULEVARD				
	Address				
	JACKSONVILLE, FLORID	A 32225-9103			
		City/ State and Zip Cod	le		
	PAUL1@WELCOMEHOM	ECARE.COM			
	E-mail address: (to be u	sed for future annual report	notification)		
	on concerning this matter, plea		525-7777		
Name	of Contact Person	at (Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
S35 Filing Fee	□\$43.75 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co	Address Iment Section In of Corporations Entire of Tallahassee V. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment

	to Articles of Incorporation of	Fli ED "
WELCOME HOME COR.  (Name of Corporation as currently filed with the		Inc 2022 OCT 11 AM 11: 20
(Name of Corporation as currently filed with the	Florida Dept. of State)	<del></del>
P19000060418		TALL AND STATE
(Docume	ent Number of Corporation (if k	nown) 7 25, F1
Pursuant to the provisions of section 617.1006, Flori amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation;	
		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.		I" or the abbreviation "Corp." or "Inc "
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AL</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>(OX</u> )	
D. If amending the registered agent and/or regist new registered agent and/or the new registered		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(F	lorida street uidress)
		m
	(City)	, Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, 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.

## Example: X Change PΤ John Doe V X Remove Mike Jones X Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) VD Joseph Lee Ellyson 9570 Regency Square Boulevard 1) \_\_\_\_ Change Jacksonville, Florida 32225-9103 \_\_\_\_ Add Remove VD Danielle Marie Ellyson 9570 Regency Square Boulevard 2) \_\_\_\_ Change Jacksonville, Florida 32225-9103 \_ Add \_\_\_ Remove Dwight Stephen Cenac Sr SD 9570 Regency Square Boulevard 3) \_\_\_\_ Change Jacksonville, Florida 32225-9103 Add Remove 4) X Change TD Concetta Carmen Cenac 9570 Regency Square Boulevard Jacksonville, Florida 32225-9103 \_\_\_ Add Remove 5) $\frac{X}{}$ Change 9570 Regency Square Boulevard PD Dwight Stephen Cenac II Jacksonville, Florida 32225-9103 \_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change \_\_ Add Remove

The date of each amendment(s) ac	loption:	, 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 bedocument's effective date on the De	lock does not meet the applicable statutory fifing require partment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amen	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
bv	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
Dated	/11/2012 Le le / Jahr	
Signature	Ce 10 radie	
	rector, president or other officer - if directors or officers	have not been
	l, by an incorporator – if in the hands of a receiver, trusted	e, or other court
appoint	ed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	REGISTERED AGENT	
	(Title of person signing)	<del> </del>

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