## P2000005185

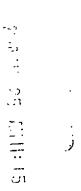
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_ Jaslinks Home Health INC DOCUMENT NUMBER: P20000005185 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Franklin Ezcoke Name of Contact Person Jaslinks Home Health INC Firm/ Company 3613 Braselton Hwy, Suite 103 Address Dacula, GA 30019-4665 City/ State and Zip Code fcezeoke@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Franklin Ezeoke at ( 813 ) 816-6125

Area Code & Daytime Telephone Number Name of Contact Person linelosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tailahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment Articles of Incorporation of

Jaslinks Home Health INC	177 ° 23 101H: I
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P20000005185	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s):
A. If amending name, enter the new name of the corporation:	
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.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	5207 26th St. W., #104
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Bradenton, FL 34207
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ade	
new registered agent and/or the new registered office address	<u>ss:</u>
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent.—I am familiar	it: with and accent the obligations of the position
	The policy of the policy.
Signature of New	Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is are being tiled 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 Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

<b>f amending or adding additiona</b> Attach <i>additional sheets, if necessa</i>	ny). (Βe specif	ic)			
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f an amendment provides for an	ovahango roalo	ecition or a	speallation of ico	nad aharaa	
provisions for implementing the	amendment if n	ot contained in	the amendment	itself:	
(if not applicable, indicate N/	(4)				
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	u(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Signature	17/2020 mylli Exelle	
selec	director, president or other officer — if directors or officers have not been sted, by an incorporator — if in the hands of a receiver, trustee, or other co- sinted fiduciary by that fiduciary)	
	Franklin Ezeoke	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>