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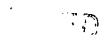
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CAK Group Inc					
DOCUMENT NUMI						
	of Amendment and fee are st	ibmitted for filing.				
Please return all corre	spondence concerning this ma	utter to the following	; :			
	Kevin Walters					
	Name of Contact Person					
	CAK Group Inc					
		Firm/ Comp	nany			
	13100 Westlinks Terrace #13					
	Address					
	Fort Myers, FL 33913					
		City/ State and 2	Zip Code			
kwalt	ers@homewellcares.com					
	E-mail address: (to be u	sed for future annua	l report i	notification)		
			·			
For further information	n concerning this matter, pleas	se call:				
Kevin Walters		at (277-0609		
Name o	Name of Contact Person Area Code & Daytime Telephone Nu			le & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Flori	da Depai	rtment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing F Certified Copy (Additional copenclosed)		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314		Division Clifton	Address nent Section n of Corporations Building secutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



CAK Group Inc

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(Name of Corporation as cur	rently filed with the Florida Dept. of State)
P20000008045	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation	<u>a:</u>
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	13100 Westlinks Terrace #13
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Fort Myers, FL 33913
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 new registered agent and/or the new registered office add	address in Florida, enter the name of the lress:
Name of New Registered Agent	
(Floria	la street address)
New Registered Office Address;	, Florida
	(Cuy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famil	<u>zent:</u> liar with and accept the obligations of the position.
Signature of No	ew 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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change			<u></u>	
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ttach additional sheets, if necessary).	(Be specific)				
		<u> </u>			
	 				
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an amendment provides for an excha	waalaarifia		Intion of icense	Leharne	
an amendment provides for an excha	inge, rectassine	ation, or cance	ration or issued	1 3 11 4 1 C 5 5	
provisions for implementing the amen	<u>ament ii not co</u>	ntained in the	imenament itse	<u>:11:</u>	
(if not applicable, indicate N/A)					
				<u> </u>	
	 .				
		· · · · · · · · · · · · · · · · · · ·	-		
					

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(ifficient for approval.	s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and sharehold	er .
☐ The amendment(s) was/were addaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 6	115/2020 L [W	
Signature	irector, president or other officer – if directors or officers have not been	
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	Kevin Walters	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	