Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000015404 3)))



H210000154043ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	• •	
		T-21	

COR AMND/RESTATE/CORRECT OR O/D RESIGN MATY CARE INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Articles of Amendment to Articles of Incorporation of

MATY CARE INC

3052201440

TOTAL + NC
Florida Document Number: P 2 0000018499.
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
CHANGE ALL ADDRESSES TO 3211 SW 94 CT MIANTIFC
3211 SW 94 CT MANIFC
<u> </u>
22 T
2
72
These articles of amendment were adopted on
The corporation has only one group of voting stock. This amendment was approved by the shar sholders and the number of votes east for amendment was sufficient for approval.
- CAPOL-
LOURDES HIRANDA HERNANDEZ Printed Name and Title (D)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent from familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing