

5/4/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H20000130341 3)))



H200001303413ABCO

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 : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

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

Email Address:

mrockwell@livecarehealth.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN
LIVECARE FLORIDA, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

2020 MAY -4 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY -4 AM 9:20

Articles of Amendment
to
Articles of Incorporation
of

Fax Audit: (((H20000130341 3)))

2020 MAY -4 AM 9:20
SOUTHERN HILL
ALL AM. SEF. FIELD

Fax Audit: (((H20000130341 3)))

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u>	AR	Parcena Bilkoo	401 E. Jackson St., Suite 2340 Tampa, Florida 33602
<u>Add</u>			
<u>X</u> Remove			
2) <u>Change</u>	AR	John J. Brannelly	12465 S. Fort Street, Suite 240 Draper, Utah 84020
<u>Add</u>			
<u>Remove</u>			
3) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
4) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
5) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			
6) <u>Change</u>			
<u>Add</u>			
<u>Remove</u>			

2020 MAY -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Fax Audit: (((H20000130341 3)))

Fax Audit: (((H20000130341 3)))

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

CLASSIFIED

2020 MAY -4 AM 9:20

Fax Audit: (((H20000130341 3)))

Fax Audit: (((H20000130341 3)))

The date of each amendment(s) adoption: _____, 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 block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

Dated 5/1/20

Signature

(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)

John J. Brannelly

John Brannelly

(Typed or printed name of person signing)

Authorized Representative

Authorized Representative

(Title of person signing)

2020 MAY -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit: (((H20000130341 3)))