## P20 0000 29618

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Eath, Name)
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Clermont Home C	are INC		
DOCUMENT NUME	BER: P20000029618			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	Cheryl Hernandez			
	<u> </u>	Name of Contact Person	n	
	Clermont Home Care INC			
		Firm/ Company	<del>.</del>	
	1725 E Highway 50 Suite C			
		Address		
	Clermont Fl 34711			
		City/ State and Zip Cod	e	
623ci	h@gmail.com			
		sed for future annual report	notification)	
		•		
For further information	concerning this matter, pleas	se call:		
Cheryl Hernandez		at (	472-1905	
Name (	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address		<u>St</u> reet	Address	
Ame	ndment Section	Amendment Section		
Division of Corporations		Division of Corporations		
	Box 6327		Building	
Talla	ihassee, FL 32314	2661 E	xecutive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

Clermont Home Care INC.		
(Name of Corporation as curren	tly filed with the Florida Dept. of Sta	ite)
P20000029618		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this ts Articles of Incorporation;	s <i>Florida Profit Corporation</i> adopts th	e following amendment(s)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	
B. Enter new principal office address, if applicable:	1725 E Highway 50 Suite C	
(Principal office address MUST BE A STREET ADDRESS)	Clermont FI 34711	>
		200
C. Enter new mailing address, if applicable:		· .
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		F;1 3: 03
		<del></del>
		<u> </u>
D. If amending the registered agent and/or registered office ad-		<u>e</u>
new registered agent and/or the new registered office addre-	<u>88:</u>	
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florid	a
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agenthereby accept the appointment as registered agent. I am familian		position.
		,
		<del></del>
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	<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>	<u>Name</u>	Address
1) Change		<del></del>	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

	ional sheets, if necessary)	). (Be specific)			
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<u>t an amendi</u>	ment provides for an ex- for implementing the an	change, reclassifica	tton, or cancellation	of issued shares.	
nravisians f	applicable, indicate N/A)	KIIGHER II ROLCON	tunico in the united	Heir Rach,	
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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 date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	ni
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voung group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated 5/10	Charles J-leway  a director, president or other officer – if threctors or officers have not been	
Signature (	Charleman >	
(By a	director, president or other officer - if directors or officers have not been	
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Cheryl Heranadez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	