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COVER LETTER

Amendment Section
Division of Corporations

ME OF CORPOR	RATION: Stratford Care USA	N. Inc.				
	P20000037765	***				
enclosed Articles	of Amendment and fee are su	bmitted for filing.				
se return all corre	spondence concerning this ma	tter to the following:				
	Gail Martin Abercrombie					
	Name of Contact Person					
	Sivyer, Barlow & Watson, P.A.					
	Firm/ Company					
	401 East Jackson Street, Suite 225					
	Address					
	Tampa, FL 33602					
	City/ State and Zip Code					
	gabercrombie@sbwlegal.com					
		sed for future annual report	notification)			
further informatio	n concerning this matter, pleas	se call;				
l Martin Abercrombie		at (813	221-4242			
Name (of Contact Person	at (813) 221-4242 Area Code & Daytime Telephone Numb				
losed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ford Care USA, Inc.					
(Name of Corporation	n as currently fi	iled with the Florida	Dept. of State)	 _	
00037765					
(Docume	ent Number of C	orporation (if known)		·	
ant to the provisions of section 607,1006, Florida Sticles of Incorporation:	Statutes, this <i>Flo</i>	orida Profit Corporati	ion adopts the follo	owing amendment(s) to
amending name, enter the new name of the cor	poration:				
				The new	
must be distinguishable and contain the word "corp" or Co.," or the designation "Corp," "Inc," rtered," "professional association," or the abbrevi	or "Co". A p	ipany," or "incorpore rofessional corporati	ited" or the abbrevion name must co	wiation "Corp.,"	
nter new principal office address, if applicable: cipal office address <u>MUST BE A STREET ADDR</u>	RESS)		· · · · · · · · · · · · · · · · · · ·	2010 J	
				1	
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				PH 5	
	-			. 50	
amending the registered agent and/or registere ew registered agent and/or the new registered of		s in Florida, enter th	e name of the		
Name of New Registered Agent		<u> </u>			
		· · · · · · · · · · · · · · · · · · ·			
	(Florida street	address)			
New Registered Office Address:			, Florida		
	(Ci	Ŵλ	,	Zip Code)	
Registered Agent's Signature, if changing Registry accept the appointment as registered agent. It	itered Agent: am familiar with	and accept the oblig	ations of the positi	ion.	
Signati	ure of New Regi	stered Agent, if chang	ging		

k if applicable

e amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ess of each Officer and/or Director being added:

ch additional sheets, if necessary)

iple:

e note the officer/director title by the first letter of the office title:

President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief tive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, dent, Treasurer, Director would be PTD.

ges 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 nge, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Jones, V as Remove, and Sally Smith, SV as an Add.

hange	<u>PT</u>	<u>John Do</u>	<u>e</u>	
emove	<u>V</u>	Mike Jor	nes	
vdd	<u>sv</u>	Sally Sn	<u>vith</u>	
of Action :k One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
Change	D		Håkan Lagerberg	2600 Lakepointe Parkway
Add				Odessa, FL 33556
Remove				
Change		_		
Add				
Remove Change				
Add				
Remove				
Change				
Add				
Remove				
Change		_		
Add				
Remove				
Change		_		
Add				
Remove				

amending or adding additional Articles, enter change(s) here:	
ttach additional sheets, if necessary). (Be specific)	
	
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in amendment provides for an exchange, reclassification, or cancellation of issued shares,	
ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
(ij ma appricame, maietae (v.x.)	
	
	
	<u>.</u>

	May 19, 2020 doption:	, if other than the
this document was signed.		
tive date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
: If the date inserted in this b ment's effective date on the Do	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
otion of Amendment(s)	(<u>CHECK ONE</u>)	
ne amendment(s) was/were addition was not required.	opted by the incorporators, or board of directors without shareholder a	action and shareholder
ne amendment(s) was/were add y the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment of the approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated	Ma.	
Signature //		
(By a d selecte	lirector, president or other officer – if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other cated fiduciary by that fiduciary)	
	Brian Nugent	
	(Typed or printed name of person signing)	
	Incorporator	