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.

(((H20000287243 3)))



H200002872433ABC

Division of Corporations Fax Number : (850)617-6380 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 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:	To:						
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 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: COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC		Division of Corpo	orations				
Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 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: COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC		Fax Number :	(850)617-6380				
Account Number: I20000000019 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: COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC	From:	Account Name :	LAZARUS CORPORATI	E FILING SEF	RVICE, INC.	-	
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: COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC		Account Number :	120000000019				-
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC		Phone :	(305)552-5973				20
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC		Fax Number :	(305)675-5944				aus.
COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC	**Enf	er the email addre annual report mail	ess for this busing lings. Enter only	ess entity to one email a	co be used fo ddress pleas	or future e.**	20
COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC		Email Address:					AHII
COR AMND/RESTATE/CORRECT OR O/D RESIGN HARMONY CARING SERVICES INC		LINDII AGG, COT,					-
Certificate of Status 0						GN	သ
100011110010 OF GRANDER						GN	33
Certified Copy 0		HARM	ONY CARING			G.N	30
0.3		HARM Certificate of	10NY CARING f Status		S INC	G.N	30
		HARM	f Status		S INC	GN 	သ

Electronic Filing Menu

Corporate Filing Menu

Help Y SULKER AUG 21 2020

detes of Amendinent
to Articles of Incorporation
Hommony Chrisq Services Inc Florida Document Number: P26000061056
Florida Document Number: P260000 61056
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
. Add .
hosa Garcia (P)
Change
Laura Garcia (VD) = #
一
These articles of amendment were adopted on
The corporation has only one group of voting stock. This amendment was approved by the shareholders and the number of votes cast for amendment was sufficient for approval.
Signature (AUVA (ACC)A Printed Name and Tille
New Registered Agent's Signature, if changing Registered Agent-

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.