## P96000103166

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100275835161

08/07/15--01006--031 \*\*35.00

15 AUG -7 PH 12: 41

AUG 10 2015 C LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Caregivers, Inc.				
DOCUMENT NUM	P96000103166				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	D. Timothy Herndon				
		Name of Contact Persor	1		
	Carr, Riggs & Ingram, LLC				
		Firm/ Company			
	4502 Highway 20 East, Suite A				
	Address				
	Niceville, FL 32578				
		City/ State and Zip Code	2		
rrich	ey@cricpa.com				
·		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	850	897-4333		
Name	of Contact Person	at (Area Co	)de & Daytime Telephone Number		
	or the following amount made		·		
\$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			Address		
Amendment Section		Amendment Section Division of Corporations			
			xecutive Center Circle		
	,	Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



15 AUG -7 PM 12: 40

( <u>Name</u>	of Corporation as currently	filed with the Florida Dept. of S	state)
Caregivers, Inc. P9600010	3166		
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Fi	orida Profit Corporation adopts	the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design			
word "chartered," "professional associa			name musi contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
	<u></u> ,		
C F. 4			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
	· ,		
			<del></del>
D. If amending the registered agent ar		ss in Florida, enter the name of	<u>the</u>
new registered agent and/or the ne			
Name of New Registered Agent	D. Timothy Herndon		
	4502 Highway 20 East, Suite	e A	
	(Florida stree	t address)	
New Registered Office Address;	Niceville	. Flor	32578
New Registered Office Address.	(0	City)	(Zip Code)
New Registered Agent's Signature, if c			
I hereby accept the appointment as regis	tered agent. I a <b>m</b> familiar wi	h and accept the obligations of th	he position.
	XIAM		
	Sign groups of New Pa	zistered Agent, if changing	<del></del>

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.

X Change	<u>PT J</u>	John Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Kathaleen M Holmes	2121 Windham Drive
Add			Molino, FL 32577
X Remove	•		
2) Change			
Add			•••
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

•	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself;
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an angellation of issued shares, and and an angellation of issued shares, and an angellation of issued shares, and angellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and an and an

The date of each amendment(s	) adoption:			if other than the
date this document was signed.			CARP TARY	OF Alfalan
	August 10, 2015		SERRETARY DIVISION OF BO	EPOSALIUS
Effective date <u>if applicable</u> :	( st	00 1 6		
	(no more that	n 90 days after amendment file	aate 15 AUG - 1	PH 12. 40
Note: If the date inserted in the document's effective date on the	is block does not meet the app Department of State's records	plicable statutory filing require	ements, this date wi	ll not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were by the shareholders was/were		The number of votes cast for the	e amendment(s)	
☐ The amendment(s) was/were must be separately provided		hrough voting groups. The foli to vote separately on the amen		
"The number of votes of	ast for the amendment(s) was/v	were sufficient for approval		
by		.11		
•	(voting group)			
☐ The amendment(s) was/were action was not required. ☐ The amendment(s) was/were action was not required.				
Dated	Markey Ja	hy 29-15		
(By sele	a director, president or other of octed, by an incorporated – if in ointed fiduciary by that fiducia	fficer – if directors or officers the hands of a receiver, trustee ry)	nave not been	
	Donald J. Gaetz			
	(Typed or printe	ed name of person signing)		
	President			
	(Tit	le of person signing)		