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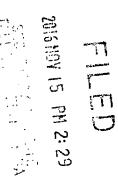
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RELIACARE, INC	C.			
DOCUMENT NUMB	PQQ0000001117				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	NANCY NADEL				
•		Name of Contact Person	1		
	RELIACARE, INC.				
-		Firm/ Company			
	9900 STIRLING ROAD, SU	• •			
-	Address				
	COOPER CITY, FL 33024				
-	City/ State and Zip Code				
nancle	021@aol.com				
	•	sed for future annual report	notification)		
		·	,		
For further information	concerning this matter, please	se call:			
NANCY NADEL		at (954	432-6552		
Name o	f Contact Person	Area Code & Daytime Telephone Numb			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	S43.75 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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RELIACARE, INC. (Name of Corporation as currently filed with the Florida Dept. of Stat P98000081117 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: 9900 STIRLING ROAD, SUITE 244 (Mailing address MAY BE A POST OFFICE BOX) COOPER CITY, FL 33024 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: NANCY NADEL Name of New Registered Agent 9900 STIRLING ROAD, SUITE 244 (Florida street address)

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

New Registered Office Address:

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

COOPER CITY

Signature of New Registered Agent, if changing

(City)

Florida

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	PT	John Doe	
X Remove	Y	Mike Jones	•
_X Add	. <u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VD	NANCY NADEL	9900 STIRLING RD, STE 244
x Add			COOPER CITY, FL 33024
Remove			
2) Change			. .
Add			
Remove			
3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
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provi	amendment provides for an exchisions for implementing the ame if not applicable, indicate N/A)	iange, reclassifica ndment if not con	tion, or cancellatio tained in the amen	n of issued shares, dment itself:	
			 		
•					
		· • · · · · · · · · · · · · · · · · · ·			- 11
					

,	NOVEMBER 10, 2016	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	OVEMBER 10, 2016	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
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.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted 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	
NOVEM	BER 11, 2016	
Dated		
	Haf Rossanti	
Signature V	director president or other officer - if directors or officers have not been	
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	inted fiduciary by that fiduciary)	
	KAY BORENSTEIN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	