## P9900000552

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## **COVER LETTER**

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TO: Amendment Section  Entriston of Corporations		2811 NOV 22 PH 4: 0%
NAME OF CORPORATION: Family Care on E	ustis Square, PA	22 8
DOCUMENT NUMBER: P 99000006552		-
The enclosed Articles of Amendment and fee are a	whenitted for filing	C. C.
Please return all correspondence concerning this m		
Keith R Hester		
Family Care on Eustis Squa	Name of Contact Person	
	Firm/ Company	
l West Park Avenue		
Eustis Florida 32726	Address	
keith@tamilycare.cc	City/ State and Zip Code	
E-mail address: (to be	used for future annual report notification)	
For further information concerning this matter, ple	asc call:	
Keith Hester	at (352 ) 357- 4629	
Name of Contact Person	Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount made	e payable to the Florida Department of State:	
\$35 Filing Fee Status  Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)	
Maiting 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 Family Care on Eustis Square, PA (Name of Corporation as currently filed with the Florida Dept. of State) P 99000006552 (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: 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," of the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) 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. Signature of New Registered Agent, if changing

address of each Officer (Attach additional sheet, Please note the officer/d P = President; V - Vice	and/or I s, if neces lirector tit Presiden	Director being added: sary)  le by the first letter of the off  i; T= Treasure; S= Secrete	rry: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief
held. President, Treasur Changes should be note	er, Direct d in the fo aves the d	or would be PTD.  corporation, Sally Smith is n	icer/director holds more than one title, list the first letter of each office  John Doe is listed as the PST and Mike Jones is listed as the V. There is  amed the V and S. These should be noted as John Doe, PT as a Change,
X Change	PT	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	C	Joseph A Risko	1911 Bridgewater Drive
X Add			Heathrow, FL 32746- 6911
Remove			
2) Change			
Add			
Remove			
3) Change			<del></del>
Add			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
Change			
Add			
Remove			

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E. If amending or adding additional Arti-	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exch	ange: reclassification, or cancellation of issued shares, addient if not contained in the amendment itself:
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
Shares have been distributed as follows:	
Keith R Hester- 95	
Dawn M Hester- 4	
Joseph A Risko- 1	

•			
The date of each amendment date this document was signed	(s) adoption:	mber 22, 2017	, if other than the
Effective date <u>if applicable</u> :	September 22, 20 7	o more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on the	this block does not a he Department of Sta	neet the applicable statutory filing requirements, te's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHEC	<u>K ONE</u> )	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the share ore sufficient for appr	reholders. The number of votes cast for the amend oval.	ment(s)
☐ The amendment(s) was/wei must be separately provide	re approved by the sheed for each voting gro	archolders through voting groups. The following s up entitled to vote separately on the amendment(s	tatement ):
"The number of votes	s cast for the amendm	ent(s) was/were sufficient for approval	
by	(voting	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	yntos) [i]	group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the boa	rd of directors without shareholder action and shar	cholder
The amendment(s) was/wer action was not required.	re adopted by the inco	orporators without shareholder action and sharehol	der
Nove Dated	mber 22, 2017		
Signature	17/11/11		
	By a director, presider	nt or other officer - if directors or officers have not	been
		orator - if in the hands of a receiver, trustee, or other	er court
8	ppointed fiduciary by Keith R Hester		
			<del></del>
	President	ped or printed name of person signing)	
	<u></u>	(Title of person signing)	