005063

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #f)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
- - - - - -		

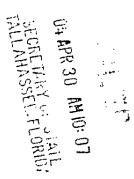
Office Use Only



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Susan E. Rondot 8140 S Shadowbright Place Floral City, FL 34436 352-726-0793

April 28, 2004

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

> RE: New Corporate Name Doc. #P99000050631

Dear Sir,

Please be advised that I am sending the enclosed transmittal letter With Articles of Amendment to Articles of Incorporation for a new Corporate name "Suncare Nursing Services, Inc."

Also, I am changing my name with my 2004 Annual Report from Susan E. Hoffman to Susan E. Rondot.

Sincerely,

Susan E. Rondot

TRANSMITTAL LETTER

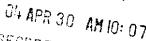
TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

SUBJECT:	New Corporate	Vame	
DOCUMENT N	iumber: <u>P99000</u> 0	50631	
The enclosed Ar	ticles of Amendment and fee are	submitted for filing.	
Please return all	correspondence concerning this	matter to the following:	
•	Susan E.	Rondot e of Person)	
_		NURSING SERVI	CESINC.
	•	adowbright P	lace
	Floral City State	y FL 3443.	6
For further infor	mation concerning this matter, pl	lease call:	
Susa	n E. Rondot (Name of Person)	at (352) 726- (Area Code & Daytime	0793 Felephone Number)
Enclosed is a ch	eck for the following amount:		
☐ \$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)
Amenda	Address nent Section of Corporations x 6327	Street Address Amendment Section Division of Corporations 409 E. Gaines Street	

Tallahassee, FL 32399

Articles of Amendment to



Articles of Incorporation U/4 APR 30 AM 10: 07
SUSAN E. HOFFMAN, ALAHASSE TARY US STATE
(Name of corporation as currently filed with the Florida Dept. of State)
00000050631
P9900050631 (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
SUNCARE NURSING SERVICES, INC.
(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

Andres
The date of each amendment(s) adoption:
Effective date if applicable: 05/01/04 (no more than 90 days after amendment file date)
(no more than 50 days after amendment the date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action an shareholder action was not required.
Signed this 29th day of Opril , 2004.
Signature Susan & Hoffman Roxdot
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Susan E. Hoffman Rondot (Typed or printed name of person signing)
Proclident
(Title of person signing)

FILING FEE: \$35