

P07000109205

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H09000258424 3)))



H090002584243ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
09 DEC 15 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
FLORIDA NURSES HOME HEALTH AGENCY, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED
2009 DEC 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amns

Electronic Filing Menu

Corporate Filing Menu

Help

24

COVER LETTER

HO 9 000 258 424

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Nurses Home Health Agency, Inc.

DOCUMENT NUMBER: P07000109205

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natasha D. Mayne, Esq.

Name of Contact Person

The Mayne Law Group, Inc.

Firm Company

4301 South Flamingo Road, Suite 106-121

Address

Fort Lauderdale FL 33330

City/ State and Zip Code

nmayne@maynelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natasha D. Mayne, Esq.

Name of Contact Person

at (786)

663-2911

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$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

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

HO 9 000 258 424

Articles of Amendment
to
Articles of Incorporation
of

Florida Nurses Home Health Agency, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000109205

(Document Number of Corporation (if known))

FILED
09 DEC 15 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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."

B. Enter new principal office address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

n/a

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:

Natasha D. Mayne, Esq.

New Registered Office Address:

4301 South Flamingo Road, Suite 106-121

(Florida street address)

Fort Lauderdale, FL

(City)

Florida 33330

(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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP/T	Campbell, Hubert	640 NE 149 Street North Miami, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP/T	Barrett, Michelle	640 NE 149 Street North Miami, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

Daphne Campbell owns 100% of company's shares.

H09000258424

The date of each amendment(s) adoption: December 15, 2009

(date of adoption is required)

Effective date if applicable: December 15, 2009
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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 and shareholder action was not required.

Dated 12/10/09

Signature

D Campbell

(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)

Daphne Campbell

(Typed or printed name of person signing)

President

(Title of person signing)

H09000258424