

PD5000078374

(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:

Jeanette Clersaint  
Auth. All changes!

Office Use Only



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09/18/15--01004--017 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 SEP 14 PM 12:30

Amend/cc  
aus

SEP 15 2015

I ALBRITTON

**COVER LETTER**

\*TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Clersaint Home Care Services, INC.  
DOCUMENT NUMBER: P05000078374

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

Please return all correspondence concerning this matter to the following:

Jeannette Clersaint

Name of Contact Person

Clersaint Home Care Services, INC

Firm/ Company

422 S. Central Ave

Address

Apopka Florida 32703

City/ State and Zip Code

jclersaint66@yahoo.com

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

For further information concerning this matter, please call:

Jeannette Clersaint

Name of Contact Person

at 407, 844-1419

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

407  
814  
7025



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 19, 2015

JEANETTE CLERSAINT  
CLERSAINT HOME CARE SERVICES, INC.  
422 S. CENTRAL AVENUE  
APOPKA, FL 32703

SUBJECT: CLERSAINT HOME CARE SERVICES, INC.  
Ref. Number: P05000078374

We have received your document for CLERSAINT HOME CARE SERVICES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 315A00005542

RECEIVED

15 SEP 14 PM 4:33



Articles of Amendment  
to  
Articles of Incorporation  
of

Clersaint Home Care Services, INC

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

PO500000 78374

(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," or 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:

(City)

Florida

(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

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DIVISION OF CORPORATE REGISTRATION  
SEP 14 PM 12:30

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.

Example:

☒ Change      PT      John Doe  
  
☒ Remove      V      Mike Jones  
  
☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |  |             |                        |  |
|--|-------------|------------------------|--|
| 1) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Tres</u> | <u>Henri Clersaint</u> | <u>3440 S.W. 170 AVE</u><br><u>MIRAMAR FL 33027</u>                      |
| 2) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Sec</u>  | <u>Desorine Kerr</u>   | <u>2218 Saw Palmetto Ln</u><br><u>Orlando FL 32828</u>                   |
| 3) <input type="checkbox"/> Change<br><input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove | <u>Vice</u> | <u>Sheneita Kelly</u>  | <u>350 Notre Dame Dr.</u><br><u>Altamonte Springs FL</u><br><u>32714</u> |
| 4) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____       | _____                  | _____<br>_____<br>_____  |
| 5) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____       | _____                  | _____<br>_____<br>_____  |
| 6) <input type="checkbox"/> Change<br><input type="checkbox"/> Add<br><input type="checkbox"/> Remove            | _____       | _____                  | _____<br>_____<br>_____  |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**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)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

August 28, 2015

Effective date if applicable: \_\_\_\_\_

August 28, 2015

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

August 28, 2015

Signature

(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)

Sheneita Kelly

(Typed or printed name of person signing)

Chairman, Board of Directors

(Title of person signing)