

609330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

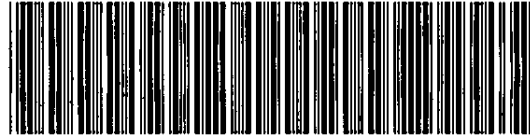
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000284365250

04/25/16--01009--019 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY -3 AM 10:30

5-6-16

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2016

BERNARD P. CONIFF / SN HOME HEALTH INC
760 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

SUBJECT: SN HOME HEALTH, INC.
Ref. Number: G09330

We have received your document for SN HOME HEALTH, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000167924.

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.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 616A00008589

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SN HOME HEALTH, INC.

DOCUMENT NUMBER: G09330

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

Please return all correspondence concerning this matter to the following:

BERNARD P. CONIFF
Name of Contact Person
SN HOME HEALTH, INC.
Firm/ Company
760 PONCE DE LEON BLVD.
Address
CORAL GABLES, FLORIDA 33134
City/ State and Zip Code

TENBER@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNARD P. CONIFF at (305) 863-8860
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

SN HOME HEALTH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

G09330

16 MAY -3 AM 10:30

(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:

SPECIAL CARE HOME SERVICES, INC.

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: _____, 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

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:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>PD</u>	<u>WILFRED BRACERAS</u>	<u>760 PONCE DE LEON BLVD.</u>
<u>X</u> <u> </u> Add			<u>CORAL GABLES, FL 33134</u>
<u> </u> Remove			
2) <u> </u> Change	<u>PD</u>	<u>GARY R. LOFFREDO</u>	<u>760 PONCE DE LEON BLVD.</u>
<u> </u> Add			<u>CORAL GABLES, FL. 33134</u>
<u>X</u> <u> </u> Remove			
3) <u> </u> Change	<u>D</u>	<u>CLAUDIA WECHTER</u>	<u>760 PONCE DE LEON BLVD.</u>
<u> </u> Add			<u>CORAL GABLES, FL 33134</u>
<u>X</u> <u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

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

(if not applicable, indicate N/A)

MAY 15, 2016

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

MAY 15, 2016

Effective date if applicable: _____
(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 APRIL 15, 2016 _____

Signature Wilfred Bracer
(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)

WILFRED BRACERAS

(Typed or printed name of person signing)

SEC/TRES

(Title of person signing)

16 MAY -3 AM 10:30

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS