

G31933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

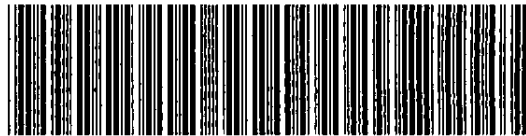
(Document Number)

Certified Copies _____

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900163706129

12/24/09--01020--022 **35.00

Amend

FILED
10 JAN -6 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JAN 10 '61 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RandB Home Care Services Inc
Name of Corporation

DOCUMENT NUMBER: G31933

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce S Shaw
Name of Contact Person

RandB Home Care Services
Firm/Company

2494 nw 98th lane
Address

sunrise fla 33322
City/State and Zip Code

randb82645@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

bruce s shaw at (954) 7429354
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2009

RANDY LEE
2494 NW 98TH LANE
SUNRISE, FL

Ref. Number: 900163706129

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All of the amendment form was not enclosed. Please complete the cover sheet with the exact name of your corporation and page 1 of the amendment form.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 409A00039465

RECEIVED
JAN 6 - 9 AM 10:00
TALLAHASSEE, FL 32314
CORPORATION DIVISION

Articles of Amendment
to
Articles of Incorporation
of

R + B HOME CARE SERVICES, INC.

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

G 31933

(Document Number of Corporation (if known))

FILED
10 JAN -6 PM 12:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

New Registered Office Address:

_____ (Florida street 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

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>
D	randy palmer	2494 nw 98th lane sunrise fla 336	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
D	randy lee	2494 nw 98th lane sunrise fla 336	<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)

The date of each amendment(s) adoption: DEC. 21, 2009
(date of adoption is required)
Effective date if applicable: DEC 21 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 DEC 21 2009

Signature Bruce S. Shaw

(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)

BRUCE S. SHAW

(Typed or printed name of person signing)

REGISTERED AGENT D.P.

(Title of person signing)