## H5713

| (Reque                       | stor's Name)  | <del></del> |
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| PICK-UP                      | WAIT          | MAIL        |
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Amend Man. 2.13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

;;

| NAME OF CORPORATION: Amelia Ho                       | me Health Servi  | ces, Inc.  |  |
|--|--|--|--|
| DOCUMENT NUMBER: H57131                              |  |  |  |
| The enclosed Articles of Amendment and fee are so    | ubmitted for filing.   |  |  |
| Please return all correspondence concerning this ma  | atter to the following:  |  |  |
| Timothy Shippee                                      | •  |  |  |
| <del></del>  | Name of Contact Perso  | n  |  |
| Hathaway & Rey                                       | nolds, P.A.  |  |  |
| <del></del>  | Firm/ Company  |  |  |
| 50 A1A North, Si                                     |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                | Address  |  |  |
| Ponte Vedra Bea                                      | ach Fl 32082   |  |  |
| 1 3/10 7 34/4 250                                    | City/ State and Zip Cod  | Α  |  |
|  | •  |  |  |
| timothy.shippee@pv                                   |  |  |  |
| E-mail address: (to be u                             | sed for future annual report                                       | notification)  |  |
| ·  |  |  |  |
| For further information concerning this matter, plea | se call:   |  |  |
| Timothy Shippee                                      | at (904  | , 280-5526   |  |
| Name of Contact Person                               |  | de & Daytime Telephone Number  |  |
| Enclosed is a check for the following amount made    | noveble to the Floride Den   | artment of States  |  |
| Eliciosed is a clieck for the following amount made  | payable to the Florida Depo  | atment of State.   |  |
| \$35 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                                      | Street   | Address  |  |
| Amendment Section                                    | Amendment Section  |  |  |
| Division of Corporations                             | Division of Corporations   |  |  |
| P.O. Box 6327<br>Tallahassee, FL 32314               |  | Building<br>excutive Center Circle   |  |

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**



## Amelia Home Health Services, Inc.

| ( | <u>Name</u> | of C | <u>orporation</u> | as | current | <u>y filed</u> | with | the | <u>Florida</u> | Dept. | of Stat | <u>te</u> ) |
|---|-------------|------|-------------------|----|---------|----------------|------|-----|----------------|-------|---------|-------------|
|   |             |      |                   |    |         |                |      |     |                |       |         |             |

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|---|---|---|-----|---|---|
|   | _ |   | - 1 | • |   |

endment(s) to

| (Document Number of Corporation (if )  | (nown)   |
|--|--|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flattacture</i> its Articles of Incorporation:   | lorida Profit Corporation adopts the following amendment |
| A. If amending name, enter the new name of the corporation:  |  |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.  | o". A professional corporation name must contain the     |
| 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)  | 555 Cardinal Circle East                                 |
| <u> </u>   | St. Marys, GA 31558                                      |
| D. If amending the registered agent and/or registered office address:  Name of New Registered Agent    Forda street   Porte Veda (City)   Figure   Porte Veda (Ci | h.Suite 108  |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. If an familiar with Signature of New Registered Agent.  | uppe   |

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:<br>X Change       | <u>PT</u> <u>John</u>  | Doc                    |   |
|----------------------------|------------------------|------------------------|---|
| X Remove                   | <u>V</u> <u>Mike</u>   | <u>Jones</u>           |   |
| <u>X</u> Add               | <u>SV</u> <u>Sally</u> | / Smith                |   |
| Type of Action (Check One) | <u>Title</u>           | <u>Name</u>            | <u>Addres</u> s                                 |
| 1) Change                  | PD                     | Eric L Titcomb         | 873 Nissen Drive                                |
| Add X Remove               |                        |                        | Fernandina Beach, FL 32034                      |
| 2) Change                  | STD                    | H. Winifred Stephenson | 873 Nissen Drive                                |
| Add                        |                        |                        | Fernandina Beach, FL 32034                      |
| X Remove                   | PSTD                   | Jeffrey B. Gould       | 555 Cardinal Circle East                        |
| 3) Change                  |                        | comby D. Could         | Saint Marys, GA 31558                           |
| Remove                     |                        |                        |   |
| 4) Change                  | <u>S</u> _             | Linda Gould            | 565 Cordinal Circle &.                          |
| _X_ Add                    |                        |                        | 565 Cordinal Circle &.<br>Saint Mary's, LA31668 |
| Remove                     |                        |                        |   |
| 5) Change                  |                        |                        |   |
| Add                        |                        |                        |   |
| Remove                     |                        |                        |   |
| 6) Change                  |                        |                        |   |
| Add                        |                        |                        | <del></del>                                     |
| Remove                     |                        |                        |   |

| E. If amending or adding additional Articles, enter change(s) here:  |
|--|
| (Attach additional sheets, if necessary). (Be specific)  Article VI is hereby amended to read as follows:  |
| Article VI. Directors  |
| This corporation shall have a single member board of directors. The number of directors may be increased from time to time by by-laws adopted by the shareholders, |
| but there shall always be at least one director.   |
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| 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)   |
| N/A  |
|  |
|  |
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|  |

| The date of each amendment(s) a                                  | doption: June 21, 2013   |
|--|--|
| Effective date if applicable:                                    | ıne 21, 2013   |
|  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| ☐ The amendment(s) was/were ad<br>by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.   |
|  | proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):  |
| "The number of votes cas   | t for the amendment(s) was/were sufficient for approval  |
| by   |  |
| <del>.</del>   | (voting group)   |
| action was not required.   | opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder   |
| action was not required.   |  |
| <sub>Dated</sub> June 2  | 21, 2013   |
| Signature  | Our  |
| select   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|  | Jeffrey B. Gould   |
|  | (Typed or printed name of person signing)  |
|  | Director/President   |
|  | (Title of person signing)  |