

H57131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

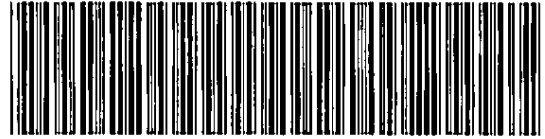
(Business Entity Name)

(Document Number)

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OCT 02 2018  
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*Amend*

OCT 02 2018  
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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AMELIA HOME HEALTH SERVICES, INC.

DOCUMENT NUMBER: H57131

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

Please return all correspondence concerning this matter to the following:

CHRISTY B. CHAMBERS  
Name of Contact Person  
AMELIA HOME HEALTH SERVICES, INC.  
Firm/ Company  
940233 OLD NASSAUVILLE RD  
Address  
FERNANDINA BEACH, FL 32034  
City/ State and Zip Code

christy.chambers@ameliamobilitywellness.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTY B. CHAMBERS at ( 904 ) 607-5178  
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:

- \$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

10 OCT - 1 PM 12:54  
RECEIVED  
CORPORATION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

AMELIA HOME HEALTH SERVICES, INC.

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

H57131

(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**)*

474274 STATE ROAD 200  
FERNANDINA BEACH, FL 32034

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

940233 OLD NASSAUVILLE RD  
FERNANDINA BEACH, FL 32034

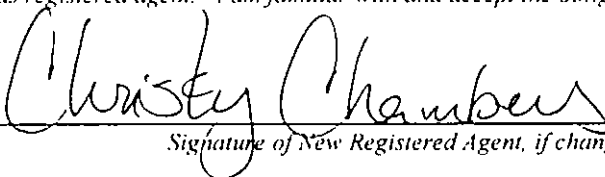
**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

*Name of New Registered Agent* CHRISTY B. CHAMBERS  
940233 OLD NASSAUVILLE RD  
*(Florida street address)*

*New Registered Office Address:* FERNANDINA BEACH, Florida 32034  
*(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:**

Change                    PT        John Doe

Remove                    V        Mike Jones

Add                        SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>PSTD</u>	<u>JEFFREY B. GOULD</u>	<u>555 CARDINAL CIRCLE EAST</u>
<input type="checkbox"/> Add			<u>SAINT MARYS, GA 31558</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>SD</u>	<u>LINDA GOULD</u>	<u>555 CARDINAL CIRCLE EAST</u>
<input type="checkbox"/> Add			<u>SAINT MARYS, GA 31558</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PSD</u>	<u>CHRISTY B. CHAMBERS</u>	<u>940233 OLD NASSAUVILLE RD</u>
<input checked="" type="checkbox"/> Add			<u>FERNANDINA BCH, FL 32034</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<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)*

ARTICLE VI., DIRECTORS, shall be amended by deleting same in its entirety and replacing it with the following:

The business of the Corporation shall be managed, and its corporate powers exercised by the board of directors.

The number of directors maybe increased from or diminished from time to time by the shareholders but shall never be less than one.

**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

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

Effective date if applicable: 9/28/2018  
(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 9/28/2018

Signature Christy Chambers

(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)

CHRISTY B. CHAMBERS

(Typed or printed name of person signing)

President and Director

(Title of person signing)