

H57131

(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



100318819061

10/02/18--01005--015 **105.00

10/02/18 10:12:51
STATE OF MASSACHUSETTS
SECRETARY OF STATE

old Resignation

OCT 02 2018

D CUSHING

Law Offices
PAMELA A. MILLER, PLC
2338 S 8th Street
Fernandina Beach, Florida 32034

Pamela A. Miller, Esq.
Admitted in Virginia & Florida

Phone: 904-775-5147
PMiller@pammillerlaw.com

September 28, 2018

Amendment Section
Division of Corporations
2661 Executive Center Cir.
Tallahassee, FL 32301

Re: Amendments for AMELIA HOME HEALTH SERVICES, INC., Document
number: H57131;

Dear Sir or Madam:

Enclosed please the following:

1. Transmittal letter and Officer/Director Resignation executed by Jeff B. Gould for the Corporation referenced above;
2. Transmittal letter and Officer/Director Resignation executed by Linda Gould for the Corporation referenced above;
3. Cover letter and Articles of Amendment to the Articles of Incorporation for the Corporation referenced above; and
4. A check in the amount of \$105.00, which represents the \$35.00 for the filing fee for each of three documents referenced above.

Should you have any questions or concerns please do not hesitate to contact me at 904-206-3603 or pmiller@pammillerlaw.com or contact Christy B. Chambers at 904-607-5178 or christy.chambers@ameliamobilitywellness.com.

Sincerely,



Pamela A. Miller, Esq.

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AMELIA HOME HEALTH SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: H57131

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Christy B. Chambers

(Name of Person)

AMELIA HOME HEALTH SERVICES, INC.

(Name of Firm/Company)

940233 OLD NASSAUVILLE RD

(Address)

FERNANDINA BEACH, FL 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

Christy B. Chambers at (904) 607-5178

(Name of Person)

(Area Code & Daytime Telephone Number)

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

19 OCT - 1 PM 12:54
STATE OF FLORIDA
DIVISION OF CORPORATIONS

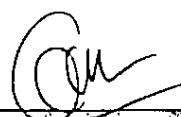
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JEFFREY B. GOULD, hereby resign as PSTD
(Title)

of AMELIA HOME HEALTH SERVICES, INC.
(Name of Corporation)

H57131, a corporation organized under the laws of the State of
(Document Number, if known)

Florida



(Signature of resigning officer/director)

RECEIVED
CORPORATION DIVISION
SEP 12 12 54 PM '07

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314