

J71470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

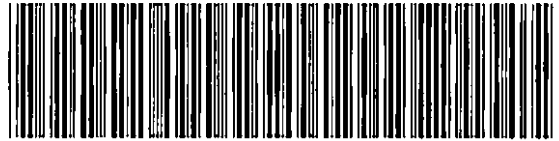
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2022 OCT 11 PM 12:21

2022 OCT 10 AM 11:55

of 10/11/2022

*00789, 01168, 00707 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: JOHN KNOX HOME HEALTH AGENCY, INC. _____

DOCUMENT NUMBER: J71470 _____

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

Please return all correspondence concerning this matter to the following:

DIHARA GUZMAN, HOME HEALTH ADMINISTRATOR

Name of Contact Person

JOHN KNOX HOME HEALTH AGENCY, INC.

Firm/ Company

651 VILLAGE DRIVE

Address

POMPANO BEACH, FL 33060

City/ State and Zip Code

DGUZMAN@JKVFL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIHARA GUZMAN

at (954)

783-4049

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 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 OCT 11 PM 12:00

October 10, 2022

DIHARA GUZMAN
JOHN KNOX HOME HEALTH AGENCY INC
651 VILLAGE DRIVE
POMPANO BEACH, FL 33060

SUBJECT: JOHN KNOX HOME HEALTH AGENCY, INC.
Ref. Number: J71470

We have received your document for JOHN KNOX HOME HEALTH AGENCY, 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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 522A00022608

Articles of Amendment
to
Articles of Incorporation
of

2022 OCT 11 PM 12:21

JOHN KNOX HOME HEALTH AGENCY, INC.

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

J71470

(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**)

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:

(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>P, CEO</u>	<u>BARBERA, SALVATORE</u>	<u>651 VILLAGE DRIVE</u>
<u>XX</u> Add			<u>POMPANO BEACH, FL 33060</u>
<u> </u> Remove			
2) <u> </u> Change	<u>CFO</u>	<u>FOLSOM, DOUGLAS</u>	<u>651 VILLAGE DRIVE</u>
<u>XX</u> Add			<u>POMPANO BEACH, FL 33060</u>
<u> </u> Remove			
3) <u> </u> Change	<u>P, CEO</u>	<u>STRYKER, GERALD</u>	<u>651 VILLAGE DRIVE</u>
<u> </u> Add			<u>POMPANO BEACH, FL 33060</u>
<u>XX</u> Remove			
4) <u> </u> Change	<u>CFO</u>	<u>CHITTENDEN, BRUCE</u>	<u>651 VILLAGE DRIVE</u>
<u> </u> Add			<u>POMPANO BEACH, FL 33060</u>
<u>XX</u> Remove			
5) <u> </u> Change	<u>COO</u>	<u>PICKHARDT, WILLIAM "BILL"</u>	<u>651 VILLAGE DRIVE</u>
<u> </u> Add			<u>POMPANO BEACH, FL 33060</u>
<u>XX</u> Remove			
6) <u> </u> Change	<u>S</u>	<u>O'LEARY, WILLIAM "BILL"</u>	<u>651 VILLAGE DRIVE</u>
<u> </u> Add			<u>POMPANO BEACH, FL 33060</u>
<u>XX</u> Remove			

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	C	CRISSY, JACK	651 VILLAGE DRIVE
<input type="checkbox"/> Add			POMPANO BEACH, FL 33060
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input 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			

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

[illegible]

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)

[illegible]

SEPTEMBER 12, 2022

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

SEPTEMBER 19, 2022

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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 BOARD OF DIRECTORS OF JOHN KNOX VILLAGE, INC.
(voting group)"

SEPTEMBER 19, 2022

Dated _____

Signature _____

(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)

SALVATORE A. BARBERA

(Typed or printed name of person signing)

INTERIM PRESIDENT & CEO

(Title of person signing)