

NO2000007194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

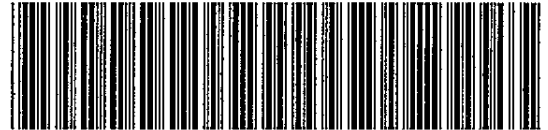
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100042788171

11/17/04--01021--007 **35.00

FILED
04 NOV 17 PM 12:38
CLERK OF STATE
TREASURY, FLORIDA

10/11/04
20

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: World-American Relief Society, Inc.

DOCUMENT NUMBER: N02000007194

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

Please return all correspondence concerning this matter to the following:

Karen Lockwood

(Name of Contact Person)

Access Healthcare, LLC

(Firm/ Company)

5350 Spring Hill Drive

(Address)

Spring Hill, Florida 34606

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Karen Lockwood

(Name of Contact Person)

at (352)

688-1733

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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
409 E. Gaines Street
Tallahassee, FL 32399

(continued)

The date of adoption of the amendment(s) was: November 12, 2004

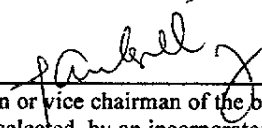
Effective date if applicable: November 12, 2004
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 12th day of November, 2004.

Signature


(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Pariksinh Singh,

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35