

11040000002210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

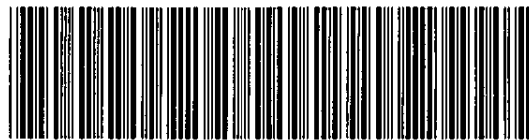
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/15--01001--012 **75.00

08/20/15--01002--022 **10.00

RECEIVED
DEPARTMENT OF STATE
15 AUG 14 PM 11:47
TO ADDRESS
SUFFICIENT OFFICIALS

FILED
15 AUG 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2015
D CONNELL

[Handwritten Signature]

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GULF COAST VILLAGE HOME HEALTH,
INC.

Signature _____

Requested by: SN

08/14/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2015

CAPITAL CONNECTION, INC.

SUBJECT: GULF COAST VILLAGE HOME HEALTH, INC.
Ref. Number: N04000002210

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 AUG 18 AM 11:08
TO AGENCY FILED
SUFFICIENT OF FILING

We have received your document for GULF COAST VILLAGE HOME HEALTH, INC. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 615A00017284

Articles of Amendment
to
Articles of Incorporation
of

GULF COAST VILLAGE HOME HEALTH, INC.

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

N04000002210

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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

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15 AUG 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|------------------------|---------------------------------|
| 1) <input type="checkbox"/> Change | <u>AS/T</u> | <u>KEVIN AHMADI</u> | <u>1333 SANTA BARBARA BLVD.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>CAPE CORAL, FL 33991</u> |
| <input type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>VC</u> | <u>JOHN MORLAND</u> | <u>3161 N. 20TH ST.</u> |
| <input type="checkbox"/> Add | | | <u>ARLINGTON, VA 22201</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input checked="" type="checkbox"/> Change | <u>T</u> | <u>NANCY FELDMAN</u> | <u>500 STINSON BLVD., NE</u> |
| <input type="checkbox"/> Add | | | <u>MINNEAPOLIS, MN 55413</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input checked="" type="checkbox"/> Change | <u>AS/T</u> | <u>THOMAS TURNBULL</u> | <u>1660 DUKE ST.</u> |
| <input type="checkbox"/> Add | | | <u>ALEXANDRIA, VA 22314</u> |
| <input type="checkbox"/> Remove | | | |
| 5) <input checked="" type="checkbox"/> Change | <u>AS/T</u> | <u>JOE BUDZYNSKI</u> | <u>1660 DUKE ST.</u> |
| <input type="checkbox"/> Add | | | <u>ALEXANDRIA, VA 22314</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input checked="" type="checkbox"/> Change | <u>AS/T</u> | <u>NANCY GAVIN</u> | <u>7530 MARKET PL. CR.</u> |
| <input type="checkbox"/> Add | | | <u>EDEN PRAIRIE, MN 55344</u> |
| <input type="checkbox"/> Remove | | | |

Continuation of Page 2 of 4

| | | | | | |
|----|----------|--------|-------------|----------------------|-------------------------------|
| 7) | <u>X</u> | Change | <u>AS/T</u> | <u>Deborah Perry</u> | <u>7530 Market Place Cir.</u> |
| | | Add | | | <u>Eden Prairie, MN 55344</u> |
| | | Remove | | | |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

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

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

Dated

8/14/15

Signature



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

Kevin Ahmadi

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)