

ND6 0000006864

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
sf

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nouvel Staffing Home Health Care Agency Inc.
(Name of Corporation)

DOCUMENT NUMBER: N06000006864

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenny A Etienne

(Name of Contact Person)

Nouvel Staffing Home Health Care Agency Inc.

(Firm/Company)

5513 Roosevelt Blvd. 164

(Address)

Jacksonville FL 32244

(City/State and Zip Code)

For further information concerning this matter, please call:

Jenny A Etienne

(Name of Contact Person)

at (904) 233-4217

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$35.00 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2006

JENNY A. ETIENNE
NOUVEL STAFFING HOME HEALTH CARE AGENCY
5513 ROOSEVELT BLVD. 164
JACKSONVILLE, FL 32244

SUBJECT: NOUVEL STAFFING HOME HEALTH CARE AGENCY INC.
Ref. Number: N06000006864

We have received your document for NOUVEL STAFFING HOME HEALTH CARE AGENCY INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 006A00051403

RECEIVED
SEP 19 2006
11 00 AM

Articles of Amendment
to
Articles of Incorporation
of

FILED

06 SEP 19 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Nouvel Staffing Home Health Care Agency, INC.
(Name of corporation as currently filed with the Florida Dept. of State)

N06000006864

(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:

NEW CORPORATE NAME (if changing):

N/A

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Requesting the removal of Gregory M. Jefferson
from record and replace with ALIN D.
ETIENNE. MR. JEFFERSON WISHES TO HAVE HIS
NAME REMOVE MOST URGENTLY AS HE IS IN THE
PROCESS OF INCORPORATING WITH A DIFFERENT
PARTY UNDER A DIFFERENT NAME.


The date of adoption of the amendment(s) was: 2 AUG 06

Effective date if applicable: _____
(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.

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.)

Jenny A ETIENNE
(Typed or printed name of person signing)

CHAIRMAN
(Title of person signing)

FILING FEE: \$35