

N30444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

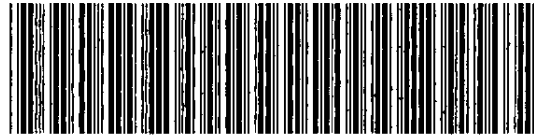
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



700131477427

06/20/08--01009--003 **43.75

FILED
2008 JUN 20 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
Thewe
6/23/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Associated Home Health Industries of Florida, Inc.

DOCUMENT NUMBER: N30444

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

Please return all correspondence concerning this matter to the following:

Gene Tischer

(Name of Contact Person)

Associated Home Health Industries of Florida, Inc.

(Firm/ Company)

4208 Charing Cross Road

(Address)

Sarasota, FL 34241

(City/ State and Zip Code)

For further information concerning this matter, please call:

Gene Tischer

(Name of Contact Person)

at (941) 371-1554

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2008 JUN 20 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N30444

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

(Attach additional pages if necessary)
(continued)

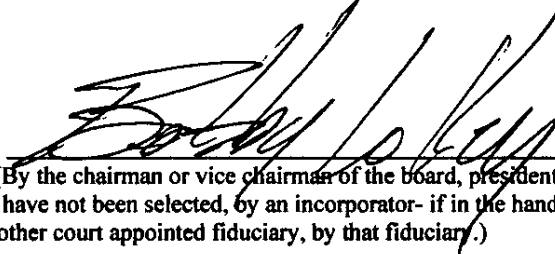
The date of adoption of the amendment(s) was: June 17, 2008

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.)

BOBBY LOLLEY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35