

P00 000113369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

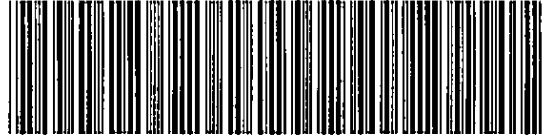
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900373048719

09/15/21--01011--029 \*\*35.00

FILED  
2021 SEP 15 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

A. Butler  
9/27/21

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Interim Healthcare of Treasure Coast, Inc.

**DOCUMENT NUMBER:** P00000113369

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

Please return all correspondence concerning this matter to the following:

Katie Buster

Name of Contact Person

Husch Blackwell, LLP

Firm/ Company

111 Congress Avenue, Suite 1400

Address

Austin, Texas 78701

City/ State and Zip Code

jsheets@interimhealthcare.com

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

For further information concerning this matter, please call:

Katie Buster

at ( 512 ) 479-9775

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:

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

FILED

2021 SEP 15 PM 4:03

P00000113369

~~SECRET~~ U.S. DEPT. OF STATE  
JAN 14 1955

(Document Number of Corporation (if known))

**A. If amending name, enter the new name of the corporation:**

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

2 Harvard Cir

Ste 950

West Palm Beach, FL 33409

**C. Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

1601 Sawgrass Corporate Parkway

Suite 220

Sunrise, FL 33323

**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 CT Corporation System

CT Corporation System  
1200 South Pine Island Road

(Florida street address)

New Registered Office Address: Plantation, Florida 33324  
(City) (Zip)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Meredith Hellmuth

Signature of New Registered Agent, if changing

**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<br>(Check One) | Title       | Name                   | Address                              |
|-------------------------------|-------------|------------------------|--------------------------------------|
| 1) <u>    </u> Change         | <u>PS</u>   | <u>Janet S Wahby</u>   | <u>560 Village Blvd</u>              |
| <u>    </u> Add               |             |                        | <u>Suite 350</u>                     |
| <u>X</u> Remove               |             |                        | <u>West Palm Beach, FL 33409</u>     |
| 2) <u>    </u> Change         | <u>T</u>    | <u>Shawn T Griffin</u> | <u>560 Village Blvd</u>              |
| <u>    </u> Add               |             |                        | <u>Suite 350</u>                     |
| <u>X</u> Remove               |             |                        | <u>West Palm Beach, FL 33409</u>     |
| 3) <u>    </u> Change         | <u>PCEO</u> | <u>Jennifer Sheets</u> | <u>1601 Sawgrass Corporate Pkwy.</u> |
| <u>X</u> Add                  |             |                        | <u>Ste. 200</u>                      |
| <u>    </u> Remove            |             |                        | <u>Sunrise, Florida 33323</u>        |
| 4) <u>    </u> Change         | <u>    </u> | <u>    </u>            | <u>    </u>                          |
| <u>    </u> Add               |             |                        | <u>    </u>                          |
| <u>    </u> Remove            |             |                        | <u>    </u>                          |
| 5) <u>    </u> Change         | <u>    </u> | <u>    </u>            | <u>    </u>                          |
| <u>    </u> Add               |             |                        | <u>    </u>                          |
| <u>    </u> Remove            |             |                        | <u>    </u>                          |
| 6) <u>    </u> Change         | <u>    </u> | <u>    </u>            | <u>    </u>                          |
| <u>    </u> Add               |             |                        | <u>    </u>                          |
| <u>    </u> Remove            |             |                        | <u>    </u>                          |

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

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 10/05/2021, if other than the date this document was signed.

Effective date if applicable: 10/05/2021  
(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 \_\_\_\_\_."  
(voting group)

Dated 09/14/21

Signature

Jennifer Sheets  
(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)

Jennifer Sheets

\_\_\_\_\_  
(Typed or printed name of person signing)

President and CEO

\_\_\_\_\_  
(Title of person signing)