# P01000022636

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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Amend

TB

SEP 14 2009

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORE	PORATION: A	Moments Notice Health Ca	are, Inc.
DOCUMENT NU	MBER:	P01000022636	
The enclosed Artic	eles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	nis matter to the following:	·
		David Kellogg Name of Contact Person	<del></del>
		Name of Contact Person	
	A Momer	nts Notice Health Care, Inc.	
,		Firm/ Company	
	103 \$	South Federal Highway	
•		Address	
		Jupiter, FI 33477	•
•		City/ State and Zip Code	···
	dav	e.amn@att.net	
	E-mail address: (to be use	ed for future annual report notification)	<del></del>
For further informa	ation concerning this matter	, please call:	
	David Kellogg		13-7774
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida Depart	ment of State:
<b>☑</b> \$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 Ac Amendmen Division of P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee		2661 Executive Center Circle	e

Tallahassee, FL 32301

#### **Articles of Amendment** to Articles of Incorporation of

### A Moments NOtice Health Care, Inc.

•	Articles of Amendment
	to
u .	Articles of Incorporation
	of Coly Carlot
A Moments	Articles of Incorporation of  s NOtice Health Care, Inc. currently filed with the Florida Dept. of State  P01000022636 t Number of Corporation (if known)
(Name of Corporation as	currently filed with the Florida Dept. of State)
i	P01000022636
(Document	t Number of Corporation (if known)
t to the provisions of section 607 ent(s) to its Articles of Incorporati	7.1006, Florida Statutes, this Florida Profit Corporation adopts the following
nending name, enter the new nai	me of the corporation:
	n/a The new
ust contain the word "chartered," er new principal office address, it	
st contain the word "chartered,"  new principal office address, if  il office address MUST BE A ST  r new mailing address, if applic	if applicable:  n/a  FREET ADDRESS  cable:
ust contain the word "chartered," er new principal office address, if pal office address MUST BE A ST the new mailing address, if applicating address MAY BE A POST Of the new mailing address MAY BE A POST Of the new mailing address MAY BE A POST Of the new mailing address MAY BE A POST Of the new mailing address MAY BE A POST Of the new mailing address MAY BE A POST Of the new mailing the registered agent and	if applicable: n/a  TREET ADDRESS  cable:  DFFICE BOX) n/a  d/or registered office address in Florida, enter the name of the
er new principal office address, it out office address MUST BE A ST out of the new mailing address, if applications address MAY BE A POST Out out of the new out of t	("professional association," or the abbreviation "P.A."  If applicable: n/a  IREET ADDRESS    Cable: DFFICE BOX) n/a  d/or registered office address in Florida, enter the name of the registered office address:
ust contain the word "chartered," er new principal office address, if pal office address MUST BE A ST of the mailing address, if applicating address MAY BE A POST Of the mailing address of the mailing addre	if applicable: n/a  TREET ADDRESS  cable:  DFFICE BOX) n/a  d/or registered office address in Florida, enter the name of the
r new principal office address, if all office address MUST BE A ST er new mailing address, if applications address MAY BE A POST Office address MAY BE A POST Office address MAY BE A POST Office address and the registered agent and registered agent and or the new	("professional association," or the abbreviation "P.A."  If applicable: n/a  IREET ADDRESS    Cable: DFFICE BOX) n/a  d/or registered office address in Florida, enter the name of the registered office address:
r new principal office address, if all office address MUST BE A ST office address MUST BE A ST of new mailing address, if applicating address MAY BE A POST Of nending the registered agent and registered agent and registered agent and registered agent:	if applicable: n/a    Cable: DFFICE BOX   n/a
er new principal office address, it all office address of the ser new principal office address, it all office address of the ser new mailing address, if applications address of the ser new mailing address, if applications address of the ser new mailing address of the ser new mailing address of the ser new mailing address of the ser new needing the registered agent and the new needing the ser new needing the registered agent and the new needs of the ser needs of the	("professional association," or the abbreviation "P.A."  If applicable: n/a  TREET ADDRESS   Cable: DFFICE BOX) n/a  d/or registered office address in Florida, enter the name of the registered office address:  David Kellogg  103 South Federal Highway

## 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)

<u>Title</u>	Name	Address	Type of Action
PT	Sheila Halpin	103 South Federal Highway Jupiter, FI 33477	_
Pres.	David Kellogg	103 South Federal Highway Jupiter, Fl 33477	_ ☑ Add _ □ Remove
<del></del>			_
	ding or adding additional Articles dditional sheets, if necessary). (E		
provisio		nge, reclassification, or cancellation of isment if not contained in the amendment	
N/A	·		
		-	
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendmen	t(s) adoption: June 29,2009	_
Effective date <u>if applicable</u> :	June 29,2009 (date of adoption is required)	_
٠	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendme vere sufficient for approval.	nt(s)
	ere approved by the shareholders through voting groups. The following state ed for each voting group entitled to vote separately on the amendment(s):	emei
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated	9/1/09	
. Signature _		_
(By	y a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator — if in the hands of a receiver, trustee, or other coupointed fiduciary by that fiduciary)	π
	David Kellogg	
	(Typed or printed name of person signing)	
	(-)	
	Pres.	
	(Title of person signing)	