

PO3000104223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

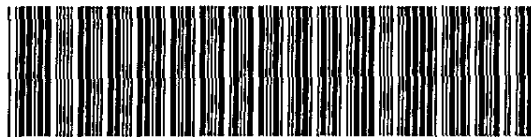
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 JUL - 8 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/13/05 01025--014 **43.15

Ps n/8/05
Amend



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 24, 2005

JENNER DUCHEINE
HEALING HANDS GROUP HOME INC.
973 SE BROWNING AVE
PORT ST LUCIE, FL 34983

SUBJECT: HEALING HANDS GROUP HOME INC.
Ref. Number: P03000104223

We have received your document for HEALING HANDS GROUP HOME INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you wish to make changes regarding officers and directors, please complete the enclosed form.

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) 245-6957.

Pamela Smith
Document Specialist

Letter Number: 605A00042406

RECEIVED
05 JUL -8 AM 8:00
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Healing Hands Group Homes, Inc

DOCUMENT NUMBER: PO3000104223

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

Please return all correspondence concerning this matter to the following:

Tenner Duchaine
(Name of Contact Person)

Healing Hands Group Homes, Inc
(Firm/ Company)

973 SE BROWNING AVE
(Address)

Port St. Lucie FL 34983
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Tenner Duchaine at (772) 340-7464
(Name of Contact Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

Articles of Amendment
to
Articles of Incorporation
of

Healing Hands Group Home, Inc.
(Name of corporation as currently filed with the Florida Dept. of State)

FILED
05 JUL -8 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P03000104223

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

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

Resignation of Ruben Cancel as Treasurer
of Healing Hands Board and he is being
replace by Marie Dacheine as Treasurer.

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 6-8-05

Effective date if applicable: 7-8-05
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved 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)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 6 day of July, 2005.

X Signature Jenner Duchesne
(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)

Jenner Duchesne
(Typed or printed name of person signing)

CEO/President
(Title of person signing)