

P03000115161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

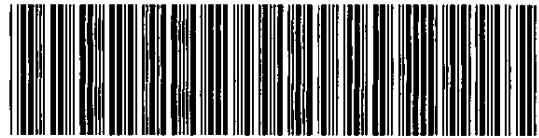
(Document Number)

Certified Copies _____

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



000162382970

11/06/09--01047--011 **43.75

Amend

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 PM 3:25

T. Roberts NOV 01 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL ACCESS HEALTHCARE SERVICES INC

DOCUMENT NUMBER: P03000115161

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

Please return all correspondence concerning this matter to the following:

JEWEL D. CHIN
Name of Contact Person

ALL ACCESS HEALTHCARE SERVICES INC
Firm/ Company

6314C PEMBROKE ROAD

AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Address
CITY/ STATE AND ZIP CODE
MIRAMAR; FLORIDA 33023

MIRAMAR; FLORIDA 33023

City/ State and Zip Code

allaccessnursing@comcast.net

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

For further information concerning this matter, please call:

JEWEL D. CHIN

Name of Contact Person

at (954)

367-2900

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -6 PM 3:25

ALL ACCESS HEALTHCARE SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000115161

(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:

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

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6314C PEMBROKE ROAD

MIRAMAR, FL 33023

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6314C PEMBROKE ROAD

MIRAMAR, FL. 33023

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:

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PDT</u>	<u>HEWIE C. CHIN</u>	<u>1051 NW 187TH AVE</u> <u>PEMBROKE PINES FL 33029</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PSTD</u>	<u>JEWEL D. CHIN</u>	<u>1830 RADIUS DRIVE APT 1101</u> <u>HOLLYWOOD FL 33020</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

20% SHARES PREVIOUSLY ALLOCATED TO HEWIE C. CHIN SHOULD BE
RESCINDED AND ALLOCATED TO JEWEL D. CHIN GIVING HER ALL 100% SHARES
IN THE CORPORATION.

The date of each amendment(s) adoption: OCTOBER 15, 2009.

Effective date if applicable: OCTOBER 15, 2009. (date of adoption is required)

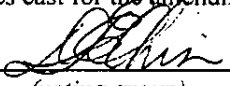
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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

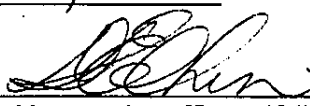
by ."
(voting group)

☐ 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.

Dated 10/15/09.

Signature


(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)

JEWEL D. CHIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)