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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CALANDRINO LAW FIRM

Account Number : I20090000062

Phone Fax Number : (407)621-4200 : (407)621-4210

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN PREFERRED HOME HEALTH SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

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COVER LETTER

407 601 4910

| TO: Amendment Section Division of Corporations | |
|--|---|
| | 1 Home Health Services, Inc. |
| The enclosed Articles of Amendment and fee are su | abmitted for filing. |
| Please return all correspondence concerning this ma | atter to the following: |
| Calanda Z14 S. Winster K | K. Moeller Name of Contact Person Firm Law Firm P.A. Firm/ Company Park Ave. Ste. B Address Out/FL 32789 City/ State and Zip Code Ogmail. Com sed for future annual report notification) |
| E-mail address: (to be u | sed for future annual report notification) |
| For further information concerning this matter, please | se call: |
| Phillip K. Moeller Name of Contact Person | at (407) 6-21 - 4200 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | payable to the Florida Department of State: |
| \$35 Filing Fee \$Certificate of Status | Certified Copy (Additional copy is enclosed) \$\int_{\$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 |

1)

| Articles of Amendment |
|---------------------------|
| to |
| Articles of Incorporation |

| Articles of Inc | corporation | |
|---|---|--------------|
| Preferred Home Health Servi | ces, Inc. | • |
| (Name of Corporation as currently | y filed with the Florida Dept. of State) | · - |
| PO4000088a | 142 | |
| (Document Number of | f Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following am | endment(s) t |
| A. If amending name, enter the new name of the corporation: Preferred Holdings, Inc. | The | : new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation ". | n," "company," or "incorporated" or the abbrev Co". A professional corporation name must conta | viation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | ~ |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | E STAN | |
| (Maning wastess <u>MAI DE AI OFF OFFICE BOA</u>) | N/A SS | # D D D |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | ess in Florida, enter the name of the | |
| λ. Ι./Δ | | |
| Name of New Registered Agent | , | |
| | | |
| (Florida stre New Registered Office Address: | , Florida | |
| 1 6 | City) (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | | |
| Signature of New Re | gistered 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 | <u>PT</u> | John Doe | | |
|-------------------------------|--------------|--------------|--------------|--------------|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | Address | |
| 1) Change | | | | _ |
| Add | | | | |
| Remove | | | | — i i sibi ∧ |
| 2) Change | | _ <u>N/A</u> | <u> </u> | |
| Add | | | | <u>.</u> |
| Remove | | A () | | _ <190Y |
| 3)Change | | | | Down |
| Add | , | | , | _ |
| Remove | | , | | _ |
| 4) Change | | N/A | | _ >= |
| Add | | · | | - |
| Remove | | | | _ |
| 5) Change | | N/A | | - |
| Add | | , | | - |
| Remove | | | | - |
| 6) Change | | <i>N/A</i> | | |
| Add | | 1 | | |
| Remove | | | | |

From:Calandrino Law Firm

407 601 4910 10/08/2015 09:18 #134 P.005/006

| 0.1 A | |
|--|---------------------------------------|
| _/V/A | |
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| an amendment provides for an exchange, reclassification, or cancellation of issued shares, | e. It we are e |
| rovisions for implementing the amendment if not contained in the amendment itself: | - Charles Constitution |
| (if not applicable, indicate N/A) | |
| <i>N</i> /^ | |
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| The date of each amendment(s) adoption: date this document was signed. | _, if other than the |
|--|---|
| Effective date if applicable: | |
| (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 a document's effective date on the Department of State's records. | not be listed as the |
| 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 198/20/5 Signature Mills Malls | Cliffe and (assumed to assume the cliffe) |
| (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) | |
| Phillip K. Modler (Typed or printed name of person signing) | · |
| Attorney Authorized Representative of Corporation | |