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COVER LETTER

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPO	DRATION: AIR CARE OF BR	EVARD, INC	
DOCUMENT NUM	IBER: P04000100047		<u></u>
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	NADEAN C. GREGOR		
	-	Name of Contact Person	<u> </u>
	ATLANTIC NONLAWYER	SERVICES, INC.	
		Firm/ Company	
	294 EAST EAU GALLIE BL	VD.	
		Address	
	INDIAN HARBOUR BEACI	4, FL 32937	
		City/ State and Zip Code	:
	alsi@atlanticnonlawyer.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informati	on concerning this matter, pleas	e cail:	•
NADEAN C. GREC	SOR	at (321	773-2020
Namo	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filling 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)
· · · · · · · · · · · · · · · · · · ·	ailing Address		Address Iment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

AIR CARE OF BREVARD, INC.

\ <u></u>	of Corporation as currently		, ser other	
P04000100047				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following	g amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
n/a				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp," "Inc." or "Co". A			
D. Enter new principal office address	if applicable.	n/a		
B. Enter new principal office address, (Principal office address MUST BE A S				
				
C. Enter new mailing address, if appli				
(Mailing address MAY BE A POST	OFFICE BOX)			
				
				:
D. If amending the registered agent an			same of the	•
new registered agent and/or the nev				
Name of New Registered Agent	JOSHUA DAVID LESPER	RANCE		
	961 Flotilla Club Drive		·	
				·
	(Florida stre	et adaress)		
New Registered Office Address:	Indian Harbour Beach		Florida	
	((City)	(Zip (Tode)
	hanging Registered Agent:			

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	DAVID LESPERANCE	961 Flotilla Club Dr
Add			Indian Harbour Beach, FL 32937
X Remove			
2) X Change	P	JOSHUA DAVID LESPERANCE	961 Flotilla Club
Add			IndianHarbourBeach,FL32937
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s) adoption:, if othe date this document was signed.	er than the
·	
Effective date <u>if applicable</u> :	_
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.	isted as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and sharehold action was not required.	der
☐ 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 10 /3 7 / 2 3 Signature Card Card Card Card Card Card Card Card	
(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)	 .
Resigning President Acting President	<u></u>
Resigning President Acting President	