

P04000113233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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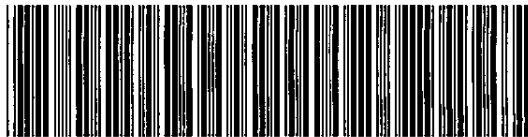
(Business Entity Name)

(Document Number)

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07 OCT -1 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

N.C.

C. Couffette OCT 02 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL HOME HEALTH NURSES STATEWIDE, INC

DOCUMENT NUMBER: P04000113233

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

Please return all correspondence concerning this matter to the following:

THE ONE SERVICES/ Lee Williams
(Name of Contact Person)

7161 Pembroke Rd #600
(Firm/ Company)

(Address)

PEMBROKE PINES, FL 33023
(City/ State and Zip Code)

For further information concerning this matter, please call:

LEE WILLIAMS at (954) 274-7864
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2007

THE ONE SERVICES / LEE WILLIAMS
7161 PEMBROKE RD #600
PEMBROKE PINES, FL 33023

SUBJECT: NATIONAL HOME HEALTH NURSES STATEWIDE, INC.
Ref. Number: P04000113233

We have received your document for NATIONAL HOME HEALTH NURSES STATEWIDE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 207A00055927

COVER LETTER

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Division of Corporations

NAME OF CORPORATION: NATIONAL HOME HEALTH NURSES STATEWIDE, INC

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(Name of Contact Person)

THE ONE SERVICES

(Firm/ Company)

7161 PEMBROKE RD. #600

(Address)

PEMBROKE PINES, FL 33023

(City/ State and Zip Code)

RECEIVED
2007 OCT - 1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Name of Contact Person)

at (954) 274-7864

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☒ \$43.75 Filing Fee &
Certificate of Status

paid

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2661 Executive Center Circle
Tallahassee, FL 32301

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

NATIONAL HOME HEALTH NURSES STATEWIDE, INC

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

P04000113233

(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):

NO BETTER PLACE THAN HOME, INC.

(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)**

(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)

(continued)

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The date of each amendment(s) adoption: 09/03/07

Effective date if applicable: 09/03/07
(no more than 90 days after amendment file date)

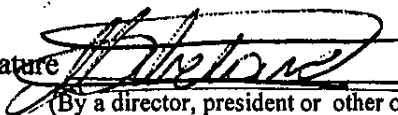
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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.

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)

MARGARETTE ABELARD

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35