Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000231716 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : STARTUP HOME HEALTH CONSULTANT, INC.

Account Number: I20060000127

Phone

: (954)985-5655

Fax Number

: (954)985~5686

OR AMND/RESTATE/CORRECT OR O/D RESIGN

ANGEL'S TOUCH HOME CARE SERVICES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

10/30/2009

STARTUP HOME HEALTH

(((H09000231716 3)))

to Articles of Incorporation

ANGEL'S TOLICH HOA	AE CADE SEDVICI	E0 0000	
ANGEL'S TOUCH HON (Name of Corporation as curre			
		a Dept Of State)	
	000139177 ber of Corporation (if kno)	
·	•	,	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	i, Florida Statutes, this Fi	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain t	La mond (farmonerian)	"an "i - i - i - i - i - i - i - i - i - i	The new
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered." "prof	designation "Corp," "Inc	"," or "Co". A profession	oratea or the nal corporation
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)			
			24 8
C. Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	· · · · · · · · · · · · · · · · · · ·	
			TO R
	 		∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴ ∴
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office address in	n Florida, enter the name	orthe o
			19-
Name of New Registered Agent:			
New Registered Office Address:	(Florida street a	eddunna)	
New Nexistered Office Address.	(Liorida sireki d	•	
-	(City)	, Florida	
	,	(sup cours)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		nd accept the obligations	of the position.
<u> </u>			
Si	gnature of New Registered	d Agent, if changing	

Page 1 of 3

((LH090002317163)))

9549855655

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>	Name	Address	Type of Action
VP	DARYL MILIAN	Z171 CORAL WAY SUITE 307 MIAMI. FL 33155	☑ Add ☐ Remove
	·		
			Add Remove
	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific		
provisions	ndment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)	ssification, or cancellation of iss ot contained in the amendment i	ued shares, tself:

Page 2 of 3

STARTUP HOME HEALTH

30/2003 14:00	(((HUYUUUX311163))) (a) adoption: 10/30/2009
The date of cach amendment(s) adoption: 10/30/2009
Effective date <u>if applicable</u> :	(date of adoption is required)
Micelian date il Application	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated 10/30	0/2009
Signature	MH
(By	a director president or other officer - if directors or officers have not been
	sted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
арро	man interest of man manuall
	MILAGROS D. HERRERA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)