

P04000140924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

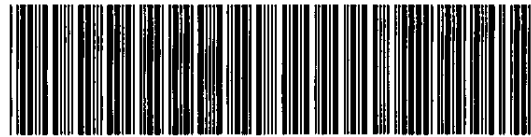
(Business Entity Name)

(Document Number)

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10/28/10--01010--024 **43.75

FILED
10 NOV 16 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

NOV 16 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CRYSTAL HOME HEALTH SERVICES INC
Name of Corporation

DOCUMENT NUMBER: P04000140924

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CASILDA MUNIZ

Name of Contact Person

CRYSTAL HOME HEALTH SERVICES INC

Firm/Company

6151 MIRAMAR PARKWAY SUITE 202

Address

MIRAMAR FLORIDA 33023

City/State and Zip Code

CRYSTALHHA@GMAIL.COM

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

For further information concerning this matter, please call:

CASILDA L MUNIZ

Name of Contact Person

at (954) 989-8888

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

October 29, 2010

CASILDA MUNIZ
CRYSTAL HOME HEALTH SERVICES, INC.
6151 MIRAMAR PKWY., STE 202
MIRAMAR, FL 33023

SUBJECT: CRYSTAL HOME HEALTH SERVICES, INC.
Ref. Number: P04000140924

We have received your document for CRYSTAL HOME HEALTH SERVICES, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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
Regulatory Specialist II

Letter Number: 210A00025616

RECEIVED
10 NOV 12 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

Crystal Home Health Services Inc
(Name of Corporation as currently filed with the Florida Dept. of State)

PO 4000 140924

(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)

6151 Meridian Parkway
Suite 202
Meridian FL 33023

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6151 Meridian Parkway
Suite 202
Meridian 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:

N/A

New Registered Office Address:

(Florida street address)

, Florida

(City)

(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

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TALLAHASSEE, FLORIDA

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)

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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)

N/A

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)

N/A

The date of each amendment(s) adoption: 11-07-2010

(date of adoption is required)

Effective date if applicable: 11-07-2010

(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 11-07-2010

Signature

Casilda A. Fierro
(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)

Casilda A. Fierro
(Typed or printed name of person signing)

PSTD
(Title of person signing)