

P05000131267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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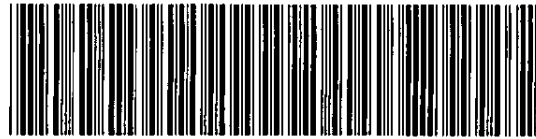
(Business Entity Name)

(Document Number)

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2/11/09

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION! : HOSANNA HOMECARE SERVICES INC

DOCUMENT NUMBER: P05000131267

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

Please return all correspondence concerning this matter to the following:

MARIE MAUD MORIN

(Name of Contact Person)

HOSANNA HOMECARE SERVICES INC

(Firm/ Company)

160 NW 176 STREET SUITE 207

(Address)

MIAMI FLORIDA 33169

(City/ State and Zip Code)

For further information concerning this matter, please call:

MARIE MAUD MORIN

(Name of Contact Person)

at (

305 766-2620

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

x \$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)

**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

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

HOSANNA HOMECARE SERVICES INC.

(Name of Corporation as currently filed with the Florida Dept. of

P05000131267

(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:**

CARE PLUS HOME HEALTH AGENCY INC.

*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.," or 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)

352 NE 167 STREET SUITE D

MIAMI, FLORIDA 33162

352 NE 167 STREET SUITE D

MIAMI, FLORIDA 33162

**C. Enter new mailing address, if applicable:**

(Mailing address MA Y BE A POST OFFICE BOX)

**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

New Registered Office Address:

352 NE 167 STREET

(Florida street address)

MIAMI

(City)

Florida 33162

(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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>DENORD LUCKNER</u>	<u>9721 SW 213 TER</u> <u>MIAMI, FL 33189</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>D</u>	<u>AUGUSTIN JACKSON</u>	<u>9491 PALM CIRCLE SOUTH</u> <u>PEMBROKE PINES, FL 33025</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>DT</u>	<u>EMMANUEL MORIN</u>	<u>2320 SE MARIUS</u> <u>PORT ST LUCIE, FL 34952</u>	<input checked="" 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)

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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 I 1A)

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
DS	JULIE BELLEVUE	2320 SE MARIUS PORT ST LUCIE, FL 34952	<input checked="" 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)

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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 I 1A)*

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**Effective date if applicable:**

### Adoption of Amendment(s)

X 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 number of votes cast for the amendment(s) was/were sufficient for approval**

by

☐ 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 01/20/09

**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)

MARIE MAUD MORIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)