

P05000131267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

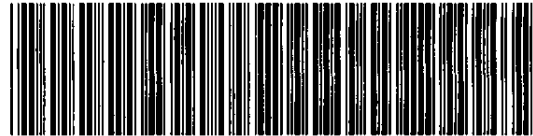
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/10--01037--022 **35.00

Amend

FILED
10 SEP 13 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 14 2010

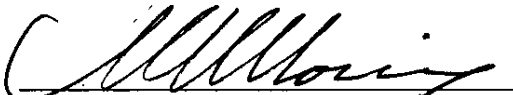


18800 NW 2nd Ave, Suite 116,
Miami-Gardens, FL 33169
Phone: (305) 974-5517 Fax: (305) 974-5516
mcareplus7@aol.com

To Whom It May Concern:

This is to notify of our new address. Due to some sanitary issues encountered in the previous building and our consideration to serve the community and our staff in a safe and clean work environment, we had to move effective September 6th. We apologize for the brief notice. Please, consider our new address as: 18800 NW 2nd Ave, suite 116. Miami-Gardens, FL 33169. Our phone and fax number's remain the same.

Yours truly,



Marie Maud Morin, RN, BSN, MHSA
Administrator

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Care Plus Home Health Agency, 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

CARE PLUS HOME HEALTH AGENCY, INC.

Firm/ Company

18800 NW 2ND AVE

Address

MIAMI GARDENS, FL 33169-4044

City/ State and Zip Code

MCAREPLUS7@AOL.COM

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

For further information concerning this matter, please call:

MARIE MAUD MORIN

Name of Contact Person

at (305)

974-5517

Area Code & Daytime Telephone Number

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

☒ \$35 Filing 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)

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

CARE PLUS HOME HEALTH AGENCY INC.

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

(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)

18800 NW 2ND AVE

MIAMI GARDENS, FL 33169-4044

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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:

(Florida street address)

(City)

_____, Florida
(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>
_____	_____	_____	<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)

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)

The date of each amendment(s) adoption: 9-2-10
(date of adoption is required)

Effective date if applicable: _____
(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 9/02/2010

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)

ADMINISTRATOR / D

(Title of person signing)