

POS000149826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

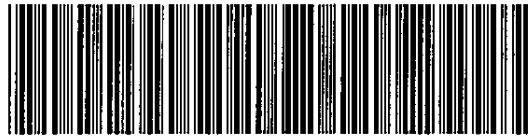
(Document Number)

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09 JUL -7 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

501811  
7/2/09  
Crawley

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Home-Aid Services, Inc.

**DOCUMENT NUMBER:** P05000149826

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

Please return all correspondence concerning this matter to the following:

Barbara A. Mercer

Home-Aid Services, Inc.

4112 Amber Ridge Lane

Valrico, FL 33594

dixonsmommmv@verizon.net

For further information concerning this matter, please call:

Barbara A. Mercer

at 813

651-0441

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

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &

☐ \$43.75 Filing Fee &

☒ \$52.50 Filing Fee

(Additional copy is enclosed)

Certified Copy  
(Additional Copy is enclosed)

**Mailing Address**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2009

BARBARA A MERCER  
4112 AMBER RIDGE LN  
VALRICO, FL 33594

SUBJECT: HOME-AID SERVICES, INC.  
Ref. Number: P05000149826

We have received your document for HOME-AID SERVICES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s). *corrected 7/1/2009 Barbara A. Mercer*

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 009A00021972

RECEIVED  
JUL 1 2009  
TALLAHASSEE  
STATE  
SECRETARY

Articles of Amendment

Articles of Incorporation  
of

Home-Aid Services, Inc.

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

P05000149826

(Document Number of Corporation (if known))

FILED  
JUL - 7 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1500, Florida Statutes, this Florida 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:

C. Enter new mailing address, if applicable:

D. If amending the registered agent and/or registered office address in Florida, enter the name of the

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Barbara A Mercer	4112 Amber Ridge Lane Valrico, FL 33594	<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)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,

(if not applicable, indicate N/A)

The date of each amendment(s) adoption:

6/21/09

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

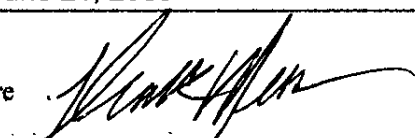
by

☐ 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 incorporator without shareholder action and shareholder action was not required.

Dated June 21, 2009

Signature



selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Glenn R. Mercer

(typed or printed name of person signing)

President

(Title of person signing)