## P07000051035

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

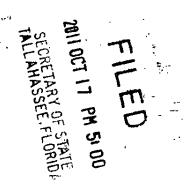
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10/18/11

## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Ultimate Angels Home Health Con IN	(
DOCUMENT NUMBER: P0700051035	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person	
UHimate Angels Home Health Care INC	
129 MW 13th Street Suite 30431	
Bola Raton IL 33432.  City/ State and Zip Code	
E-mail address (To be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person Area Code & Daytime Telephone Number	,
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Set Status September of Status	d)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment. to
Articles of Incorporation

Amended

1111 mate Amal's Home He	Allong told muniti	7 PM 5: 00
(Name of Corporation as currently filed with	the Florida Dept. of State)	ov of STATE
70700051035	SECRETA FALLAHA	RY OF STATE SSEE, FLORIDA
(Document Number of Corporate	tion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporation	·	
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the word "corp."	poration," "company," or "incorporated" Corp," "Inc," or "Co". A professional corp	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	129 MD 13 Street Butte 30 & 31 Boca Raton FL 33432	) \
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	129 NW 138 red Suite 30 431 BDCQ Modon FL334	3E .
D. If amending the registered agent and/or registered office		• .
Name of New Registered Agent:	DAVIS Peaks	
New Registered Office Address: (Flore Boca (City)	13 Street Suite 30 4 ida street address) Raton, Florida 334° (Zip Code)	31 32
New Registered Agent's Signature, if changing Registered A  I hereby accept the appointment as registered agent. I am fam.  Signature of New		sition.

7	<u>Name</u>	<u>Address</u>	Type of Action
101CE <u>Aesident</u>	Renaldo Bar	rett booywao ave fombano Beach FL 33069	Add Remove
<u>_</u> _			☐ Add☐ Remove
<del></del>			
E. <u>If amend</u> (attach ad	ing or adding additional Ar ditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
			<del></del>
			<u>·</u>
	<del></del>		
			· · · · ·
		:	
<u>provisio</u> 1	endment provides for an exns for implementing the amout applicable, indicate N/A)	change, reclassification, or cancellation of endment if not contained in the amendme	nt itself:
<u>provisio</u>	ns for implementing the am	change, reclassification, or cancellation or endment if not contained in the amendme	issued shares, nt itself:
<u>provisio</u> :	ns for implementing the am	change, reclassification, or cancellation of endment if not contained in the amendme	nt itself:
<u>provisio</u>	ns for implementing the am	change, reclassification, or cancellation of endment if not contained in the amendme	nt itself:
<u>provisio</u> :	ns for implementing the am	change, reclassification, or cancellation of endment if not contained in the amendme	nt itself:

icers and/or Directors, enter the title and name of each officer/director being

	doption: (date of adoption	on is required)	
Effective date <u>if applicable</u> : (no	more than 90 days after amen	ndment file date)	
	•		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were add by the shareholders was/were su		e number of votes cast for	or the amendment(s)
The amendment(s) was/were approvided for			
"The number of votes cast f	or the amendment(s) was/were	e sufficient for approval	
by		••••••••••••••••••••••••••••••••••••••	
(voti	ng group)		
The amendment(s) was/were add action was not required.	opted by the board of directors	s without shareholder act	tion and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators with	hout shareholder action	and shareholder
Dated	-07-2011	٠.	
Signature (	Mahe	· · ·	
(By a dir selected,	ector, president or other office by an incorporator – if in the d fiduciary by that fiduciary)		
	NANTA	PEAKS	
	(Typed or printed name	<del></del>	