

P07000097675

Florida Department of State  
Division of Corporations  
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**A BIG IDEA HOME HEALTH SERVICES INC**

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Amend  
12/5/07



December 4, 2007

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

A BIG IDEA HOME HEALTH SERVICES INC  
8181 NW 36ST #1906  
DORAL, FL 33166

SUBJECT: A BIG IDEA HOME HEALTH SERVICES INC  
REF: P07000097075

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I heraby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tracy Smith  
Document Specialist

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

~~Article 2000 amendment~~  
to  
Articles of Incorporation  
of

A BIG IDEA HOME HEALTH SERVICES INC

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

P07000097075

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**NEW REGISTERED AGENT WILL READ AS FOLLOWS:**

FELIPE HERNANDEZ

11890 SW 8 ST #210 - MIAMI FL 33184

**NEW PRINCIPAL, MAILING, REGISTERED AGENT, AND OFFICER'S ADDRESS SHALL READ AS FOLLOWS:**

11890 SW 8 ST #210 - MIAMI FL 33184

**ARTICLE III TO AMEND PURPOSE: HOME HEALTH AGENCY SERVICE, NURSE SERVICE, RN SERVICE THERAPY SERVICE, AND CONSULTING SERVICES.**

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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The date of each amendment(s) adoption: 12-03-2007

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

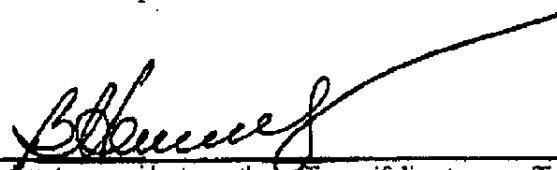
Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved 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.

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)

BARBARA HERNANDEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

((H07000291355))

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the articles, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



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**REGISTERED AGENT**  
**FELIPE HERNANDEZ**