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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ALTERNATIVE HOME HEALTH AGENCY, INC.
Name of Corporation
DOCUMENT NUMBER: P08000019088
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHOL B SANCHEZ
Name of Contact Person
ALTERNATIVE HOME HEALTH AGENCY, INC
Firm/Company
7081 Grand National Dr Suite 101
Address
Orlando, FL 32819
City/State and Zip Code
michbansan@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michol B Sanchez Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person at (407 925 9856) Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35,00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation of

ALTERNATIVE HOME HEALTH AGENCY, INC.			
(Name of Corporation as curre	ently filed with the Flori	ida Dept. of State)	_
P08000019088			
(Document Number	er of Corporation (if know	vn)	_
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corpo</i>	ration adopts the following amendment(s'	10
A. If amending name, enter the new name of the corporation:			
N/A		The new	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	r "Co". A professional		
B. Enter new principal office address, if applicable:	N/A	3.00 10 0	
(Principal office address MUST BE A STREET ADDRESS)			
		———	
C. Enter new mailing address, if applicable:		77 AH D	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>	
		* C3	

		· 	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr		the name of the	
N/A Name of New Registered Agent			
mane of her negistered rigen			
(Florida	street address)		
New Registered Office Address:	(City)	, Florida	
	15,77	(My Cone)	
New Registered Agent's Signature, if changing Registered Age	ent:		
hereby accept the appointment as registered agent. I am familia	ar with and accept the ob	ligations of the position.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, ,	_	
Myma	by ( son	e)	
Signature of New	« Registered Agent, if cho	unging	

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Şa</u>	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P <b>D</b>	ANTHONY LLANES	7081 Grand National Dr
Add			Suite 101
X Remove			Orlando, Fl 32819
2) X Change	P <b>P</b>	MICHOL B SANCHEZ	7081 Grand National Dr.
Add			Suite 101
Remove			Orlando, FL 32819
3 ) Change	SEC	EMMA L. BARRIDO	2980 Philippe Parkway
X Add			Safety Harbor, FL 34695
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dding additional Articles, enter change(s) here:  sheets, if necessary). (Be specific)
ange or ownership	p of Alternative Home Health Agency, Inc. occured on May 17, 2018. Attached is the Bill of sale
	,
<del></del> -	
<del></del> -	
<del></del>	
If an amendment	provides for an exchange, reclassification, or cancellation of issued shares,
(if not applic	nplementing the amendment if not contained in the amendment itself: cable, indicate N/A)
	· · · · · · · · · · · · · · · · · · ·

## BILL ORSALE AND ASSIGNMENT

KNOW ALL PERSONS BY THESE PRESENTS, that ANTHONY LLANES, an An individual ("Seller"), in consideration of the sum of One Hundred Thousand Dollars (\$100 000 00) and other good valuable consideration paid by MICHOL B. SANCHEZ and FPIFANIO E. SANCHEZ. (BANISAN INC). a corporation of husband and wife (collectively "Buyer") has granted, bargained, sold assigned, transferred and delivered, and by these presents does grant, bargain, sell, assign, transfer and deliver unto MICHOL B SANCHEZ and FPILANIOT SANCHEZ, their successors and assigns this entire shares of stocks (which represent 100% shares of common stock) in ALTERNATIVE HOME HEALTH AGENCY INC. a Florida corporation.

TO HAVE AND TO HOLD the same forever

Seller does covenant that he is the lawful owner of the said property, goods and chartels that they are tree from all encumbrances, that he has good and lawful right to sell the same, and he will warrant and defend the transfer and assignment of the said property, goods and chattels hereby made unto BANISAN INC. (MICHOL B. SANCHEZ and EPILANIO L. SANCHEZ) against the lawful claims and demands of all persons whomsoever

IN WITNESS WHEREOF Seller has bereunto set his hand and seal this 2.7 or May

2048

ACCEPTED:

Michot B 'Sanchez

Epifanió I. Sanchez

neapor Upifone E. Sanches

ACCEPTED AND ACKNOWLEDGED:

ALTHERNATIVE HOME HEATTH AGENCY INC., a

Horida corporation

BY

resident and Sole Shareholder

aida Colin

AIDA COLON Notary Public, State of Florida Commission# GG 168444 My commil expires Dec. 14, 2021

	May 17, 2018	
The date of each amendment(s	adoption:	, if other than th
date this document was signed.	lay 17, 2018	
Effective date <u>if applicable</u> :	ay 17, 2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this c Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sharehold	der
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
5/31/201	8	
Dated Signature	my Im cher	
	director, president or other officer - if directors or officers have not been	<del></del>
	ted, by an incorporator - if in the hands of a receiver, trustee, or other cou	ırt
арро	inted fiduciary by that fiduciary)	
	MICHOL B. SANCHEZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	