

108000054722

Florida Department of State  
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((H09000001124 3))



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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CSH SERVICES, LLC  
Account Number : I2C070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALMAIA HOME HEALTH AGENCY, INC.

Certificate of Status	0
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Articles of Amendment  
to  
Articles of Incorporation  
of

H-09000001124-3

TALMAIA HOME HEALTH AGENCY, INC.

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

P08000054722

(Document Number of Corporation (if known))

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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:**

TALMAIA NURSES REGISTRY, INC.

*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**)*

6011 RODMAN STREET  
WEST PARK, FLORIDA 33023

**C. Enter new mailing address, if applicable:**  
*(Mailing address **MAY BE A POST OFFICE BOX**)*

6011 RODMAN STREET  
WEST PARK, FLORIDA 33023

**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)*

\_\_\_\_\_, Florida  
*(City) (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*

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The date of each amendment(s) adoption: January 02, 2009

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 January 02, 2009

Signature Veanda Thomas

(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)

Veanda Thomas  
(Typed or printed name of person signing)

Director  
(Title of person signing)

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