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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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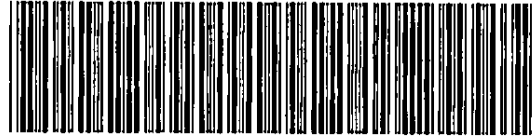
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

RJ  
6/15

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** JCS Home Health, Inc. \_\_\_\_\_

**DOCUMENT NUMBER:** P08000055629 \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

John W. Ruchle  
\_\_\_\_\_  
Name of Contact Person  
JCS Home Health, Inc.  
\_\_\_\_\_  
Firm/ Company  
1505 SE 40th St., Ste. C  
\_\_\_\_\_  
Address  
Cape Coral, FL 33904  
\_\_\_\_\_  
City/ State and Zip Code

john.ruchle@homeinstead.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John W. Ruchle \_\_\_\_\_ at ( 239 ) 541-4133  
\_\_\_\_\_  
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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32304

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee

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SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

JCS Home Health, Inc.

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

P08000055629

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*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)

1505 SE 40th St.

Ste. C

Cape Coral, FL 33904

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1505 SE 40th St.

Ste. C

Cape Coral, FL 33904

**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 John W. Ruehle

1505 SE 40th St., Ste. C

(Florida street address)

New Registered Office Address: Cape Coral, Florida 33904

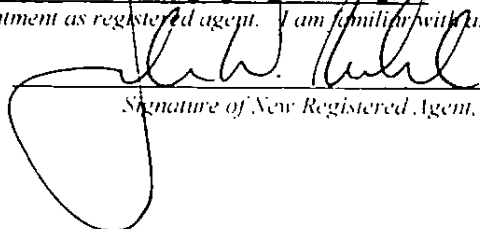
(City)

(Zip Code)

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STATE OF FLORIDA  
TALLAHASSEE, FL

**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

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.

**Example:**

X Change                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>Change</u> <u>X</u> Add <u>Remove</u>	<u>PTD</u>	<u>John W. Ruchle</u>	<u>1505 SE 40th St., Ste. C</u> <u>Cape Coral, FL 33904</u>
2) <u>X</u> Change <u>Add</u> <u>Remove</u>	<u>V</u>	<u>Johnny R. Long</u>	<u>1505 SE 40th St., Ste. C</u> <u>Cape Coral, FL 33904</u>
3) <u>X</u> Change <u>Add</u> <u>Remove</u>	<u>S</u>	<u>Marilyn J. Long</u>	<u>1505 SE 40th St., Ste. C</u> <u>Cape Coral, FL 33904</u>
4) <u>Change</u> <u>Add</u> <u>Remove</u>			
5) <u>Change</u> <u>Add</u> <u>Remove</u>			
6) <u>Change</u> <u>Add</u> <u>Remove</u>			

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**E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:**

- ☒ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S.

The purpose for which the benefit corporation is organized is to create a general public benefit and:

N/A

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

N/A

The additional qualifications of Benefit Director(s), if any, are as follows:

N/A

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(Include attachment if necessary)

- ☐ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows:

N/A

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

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**F. FLORIDA PROFIT SOCIAL PURPOSE CORPORATION OPTIONS, IF APPLICABLE:**

- ☒ The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Social Purpose Corporation in accordance with s. 607.504, F.S. The business purpose for which the social purpose corporation is organized

is: N/A

The public benefit for which the corporation is organized is:

N/A

The specific public benefit(s) to be created by the corporation (in addition to the above) is/are as follows (optional):

N/A

The additional qualifications of Benefit Director(s), if any, are as follows:

N/A

The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any:

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(Include attachment if necessary)

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- ☒ The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Social Purpose Corporation in accordance with s. 607.505, F.S. The revised purpose for which the corporation is organized is as follows:

N/A

The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

G. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

N/A

H. If an amendment provides for an 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)

N/A

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3/1/2022

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

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

Adoption of Amendment(s) (CHECK ONE)

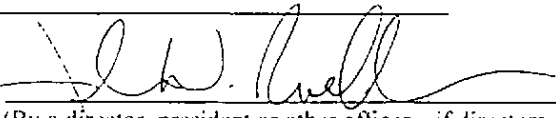
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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 3/1/2022

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)

John W. Ruehle

(Typed or printed name of person signing)

President

(Title of person signing)

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TALLAHASSEE, FL

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