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FAX No.

Division of Corporations

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P09000007172

Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
NOVA HOME CARE AGENCY INC

Amend

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

FEB 15 2013

T. LEWIS



February 13, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NOVA HOME CARE AGENCY INC
21200 POINT PL
402
AVENTURA, FL 33180

SUBJECT: NOVA HOME CARE AGENCY INC
REF: P09000007172

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.

In order to file your Articles of Amendment, please refax the document with page 4 of 4 attached.

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

If you have any questions concerning the filing of your document, please call (850)-245-6050.

Thelma Lewis
Document Specialist Supervisor

FAX Aud. #: H13000034950
Letter Number: 813A00003633

RECEIVED
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P. 00
FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Articles of Amendment
 to
 Articles of Incorporation
 of

NOVA HOME CARE AGENCY INC

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

P09000007172

(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:

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

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**)

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

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

LESLIE LLOUVET

2290 WEST 54TH PLACE APT# 212

(Florida street address)

New Registered Office Address:

HIALEAH

(City)

Florida **33016**

(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.

Leslie Llovet

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	ALEJANDRO BUENOS	21200 POINT PLACE
<input type="checkbox"/> Add			STE 402
<input checked="" type="checkbox"/> Remove			AVENTURA, FL 33180

2) <input type="checkbox"/> Change	P	LESLIE LLUVET	2290 WEST 54TH PLACE
<input checked="" type="checkbox"/> Add			APT# 212
<input type="checkbox"/> Remove			HIALEAH, FL 33016

3) <input type="checkbox"/> Change	C/S	TAMARA RODRIGUEZ	2290 WEST 54 PLACE
<input checked="" type="checkbox"/> Add			APT# 212
<input type="checkbox"/> Remove			HIALEAH, FL 33016

4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: FEBRUARY 13, 2013

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 FEBRUARY 13, 2013

Signature Sandra Buendia
(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)

SANDRA BUENOS

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)