

OCT/28/2014 TUE 10:49 AM
10/28/2014

FAX No.

F.001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000251610 3)))



H140002516103ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
NOVA HOME CARE AGENCY INC**

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

*Amend
10/29/14*

RECEIVED
14 OCT 28 AM 11:22
DIVISION OF CORPORATIONS
FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 OCT 28 AM 9:20

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)

DO9000007172

(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**)

Same
9050 Pines Blvd #355
Pembroke Pines, FL 33024.

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Same.
9050 Pines Blvd #355
Pembroke Pines, FL 33024.

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

Same. 9050 Pines Blvd #355
Pembroke Pines, FL 33024.

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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) ☐ Change

VP

Sandra Bueno

21200 Point Place #402.
Aventura, FL 33180.

☐ Add

☒ Remove

2) ☒ Change

P

Leslie Llovet

9050 Pines Blvd
Suite #355.

☐ Add

☐ Remove

3) ☒ Change

C/S

Tamara Rodriguez

Pembroke Pines, FL 33024.
9050 Pines Blvd.
Ste. #355.

☐ Add

☐ Remove

Pembroke Pines, FL 33024.

4) ☐ Change

☐ Add

☐ Remove

5) ☐ Change

☐ Add

☐ Remove

6) ☐ Change

☐ Add

☐ Remove

DATE	DESCRIPTION	AMOUNT
1911		
1912		
1913		
1914		
1915		
1916		
1917		
1918		
1919		
1920		
1921		
1922		
1923		
1924		
1925		
1926		
1927		
1928		
1929		
1930		
1931		
1932		
1933		
1934		
1935		
1936		
1937		
1938		
1939		
1940		
1941		
1942		
1943		
1944		
1945		
1946		
1947		
1948		
1949		
1950		
1951		
1952		
1953		
1954		
1955		
1956		
1957		
1958		
1959		
1960		
1961		
1962		
1963		
1964		
1965		
1966		
1967		
1968		
1969		
1970		
1971		
1972		
1973		
1974		
1975		
1976		
1977		
1978		
1979		
1980		
1981		
1982		
1983		
1984		
1985		
1986		
1987		
1988		
1989		
1990		
1991		
1992		
1993		
1994		
1995		
1996		
1997		
1998		
1999		
2000		
2001		
2002		
2003		
2004		
2005		
2006		
2007		
2008		
2009		
2010		
2011		
2012		
2013		
2014		
2015		
2016		
2017		
2018		
2019		
2020		
2021		
2022		
2023		
2024		
2025		
2026		
2027		
2028		
2029		
2030		
2031		
2032		
2033		
2034		
2035		
2036		
2037		
2038		
2039		
2040		
2041		
2042		
2043		
2044		
2045		
2046		
2047		
2048		
2049		
2050		
2051		
2052		
2053		
2054		
2055		
2056		
2057		
2058		
2059		
2060		
2061		
2062		
2063		
2064		
2065		
2066		
2067		
2068		
2069		
2070		
2071		
2072		
2073		
2074		
2075		
2076		
2077		
2078		
2079		
2080		
2081		
2082		
2083		
2084		
2085		
2086		
2087		
2088		
2089		
2090		
2091		
2092		
2093		
2094		
2095		
2096		
2097		
2098		
2099		
2100		

[illegible]

The date of each amendment(s) adoption: 10/27/14Effective 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 10/27/14

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)

Tamara Rodriguez

(Typed or printed name of person signing)

(C/S)