

P090000120/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

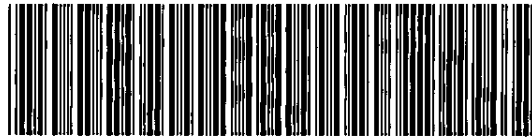
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09 MAY 21 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Tellers
5-22-09*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NATIONAL NURSING PERSONAL CARE

DOCUMENT NUMBER: 709000012016

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

Please return all correspondence concerning this matter to the following:

KURT JOSEPH

(Name of Contact Person)

CARECONNECT

(Firm/ Company)

18112 NW 19TH STREET

(Address)

PEMBROKE PINES FL 33029

(City/ State and Zip Code)

For further information concerning this matter, please call:

KURT JOSEPH

(Name of Contact Person)

at (954) 319-4991

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2009

KURT JOSEPH
CARECONNECT
18112 NW 19TH STREET
PEMBROKE PINES, FL 33029

SUBJECT: NATIONAL NURSING PERSONAL CARE, INC.
Ref. Number: P09000012016

We have received your document for NATIONAL NURSING PERSONAL CARE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 509A00016036

RECEIVED
2009 MAY 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 MAY 21 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NATIONAL NURSING PERSONAL CARE, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

709000012016

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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:

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

(Attach additional sheets, if necessary)

VP 22-1100 CARECONNECT 18112 NW 19TH STREET ☒ Add - CHANGE
PENBROKE PILES ☐ Remove
FLORIDA 33029

1 KURT JOSEPH 18112 NW 19th STREET ☒ Add
Pembroke Pines ☐ Remove
FLORIDA 33029

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 4/28/09

Effective date if applicable: 4/28/09
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 4/29/09

Signature [Handwritten Signature]

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KURT JOSEPH
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)