

PD9000050100

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 AUG 11 AM 8:52

Amend  
@ 8/11/09



SFH of  
PASCO, INC.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 3, 2009

DEBBY ROBINSON  
THORNTON & TORRENCE, P.A.  
6709 RIDGE ROAD - SUITE 106  
PORT RICHEY, FL 34668

SUBJECT: SFH OF PASCO, INC.  
Ref. Number: P09000050100

We have received your document for SFH OF PASCO, 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):

There are no officers listed on the initial filing filed on June 9, 2009. Therefore if you wish to add officers, please make note of the officers to be listed within the amendment along with their titles and addresses. Also the officer signing the amendment must be listed as an officer. The registered agent can not sign the amendment.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 309A00026428

RECEIVED  
2009 AUG 11 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SFH OF PASCO, INC.

**DOCUMENT NUMBER:** P09000050100

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

Please return all correspondence concerning this matter to the following:

DEBBY ROBINSON

Name of Contact Person

THORNTON & TORRENCE, P.A.

Firm/ Company

6709 RIDGE ROAD, SUITE 106

Address

PORT RICHEY, FL 34668

City/ State and Zip Code

DEBBYR@THORNTONTORRENCE.COM

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

For further information concerning this matter, please call:

DEBBY ROBINSON

Name of Contact Person

at ( 727 )

845-6224

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

Articles of Amendment  
to  
Articles of Incorporation  
of

SFH OF PASCO, INC.

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

P09000050100

(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:

New Registered Office Address:

(Florida street 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

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**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>BRANDY HAMILL</u>	<u>16321 HERON HILLS DRIVE</u> <u>SPRING HILL, FL 34610</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S</u>	<u>GINNY HAMILTON</u>	<u>16321 HERON HILLS DRIVE</u> <u>SPRING HILL, FL 34610</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>T</u>	<u>ROBERT FORD</u>	<u>16321 HERON HILLS DRIVE</u> <u>SPRING HILL, FL 34610</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

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

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**F. 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)*

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The date of each amendment(s) adoption: JULY 17, 2009

Effective date if applicable: JULY 17, 2009 (date of adoption is required)  
(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 JULY 17, 2009

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)

ROBERT FORD

(Typed or printed name of person signing)

TREASURER

(Title of person signing)