## P0900075423

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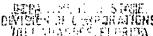
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## RECEIVED

## **COVER LETTER**

14 MAY 21 PM 2: 08

**TO:** Amendment Section Division of Corporations



		/ 1		
NAME OF CORPORATION: IMAG	INE HOME CARE INC			
DOCUMENT NUMBER: P090000				
The enclosed Articles of Amendment and	fee are submitted for filing.			
Please return all correspondence concerning	g this matter to the following:			
DENISE TU	GGLE			
	Name of Contact Person			
ELITE NUR	SING CARE INC			
<del></del>	Firm/ Company			
101 CAPRI	ISLES BLVD UNIT 5			
	Address			
VENICE FL	34292			
	City/ State and Zip Code			
SANDIEMASO	N1@COMCAST.NET			
E-mail address	(to be used for future annual report notification)			
		ھي ≺	7	
For further information concerning this ma	tter, please call:	<b>F G</b>	12 AWY 5	7
		7 (1)	<del>-</del> <	1980-
DENISE TUGGLE	at (941 ) 809-9991  Area Code & Daytime Telephone Number	#\$\$ \\		
Name of Contact Person	Area Code & Daytime Telephone Number	r (M <sub>S)</sub>	24	1
Enclosed is a check for the following amor	int made payable to the Florida Department of State:	79	PM 12: 1	ţ.,,,
S35 Filing Fee S43.75 Filing Certificate of		08104		
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  Tallahasses, Ft. 37301			



May 13, 2014

DENISE TUGGLE 101 CAPRI ISLES BLVD UNIT 5 VENICE, FL 34292

SUBJECT: IMAGINE HOME CARE INC

Ref. Number: P09000075423

We have received your document for IMAGINE HOME CARE INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000003765.

## Articles of Amendment to Articles of Incorporation of .

IMAGINE HOME CARE INC	
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P09000075423	
(Document Number of Corporation ()	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ELITE NURSING CARE INC	. The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." ar "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	101 CAPRI ISLES BLVD
(Principal office address MUST BE A STREET ADDRESS)	UNIT 5
	VENICE FL 34292
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 24
	OSPREY FL 34229
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	LLAHAY 2
(Florida stre	ret address)
New Registered Office Address:	Per 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 w	ath and accept the obligations of the position.
Signature of New Registered A	goot if changing
Something from the America A	Sent 9 Charang

E. If amending or ad (Attach additional s	ding addition	onal Ar	ticles, enter change (Be specific)	(s) here:	
(>1112011 20021191191191	meeis, y nec	2334177	(De apecinic)		
		-			·
Address of each Office (Attach additional she Please note the officer P = President; V - V. Executive Officer; Cheld. President, Treas Changes should be no	cet and/or the stand of the sta	Nrector sary) le by the a; T= T  Financi for woul pllowing corporat	being added:  first letter of the off reasurer: S= Secreta al Officer. If an off d be PTD, manner Currently ion, Sally Snith is n	fice title: ary; D= Director; Ti icer/director holds m John Doe is listed as	icer/director being removed and title, name, and  R- Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is these should be noted as John Doe, PT as a Change,
Example: X Change	PT	<u>John l</u>			
X Remove	<u></u> ¥	Mike			
	_				
X Add  Type of Action (Check One)	<u>SV</u> <u>Title</u>	Sally:	<u>Name</u>		Address
1) Change	<del></del>	_			
Remove					
2) Change	<u></u>	_			
Remove 3) Change		_			
Add Remove					
4) Change		_			
Add Remove					
5) Change		_			
Remove					•
6) Change		_			
Remove					

The date of each amendment(s) adoptio date this document was signed.	n:	, i1	f other	than the
Effective date if applicable:				
	(no more than 90 days after amendment file date)			
Adoption of Ameadment(s)	(CHECK ONE)			
The amendment(s) was/were adopted to by the shareholders was/were sufficien	y the shareholders. The number of votes east for the amendment(s) t for approval.			
The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):			
"The number of votes cast for the	amendment(s) was/were sufficient for approval			
by	, n			
	(voting group)			
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder	4		
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	SECRE ALLAH	14 HAY	Th
Dated 04/30/2014		ASSF ASSF	2	-
Signature <u>() () N</u>	usi Jungle	TS.	PH 12: 11	
selected, by a	president or other officer - if directors or officers have not been a incorporator - if in the hands of a receiver, trustee, or other court clary by that fiduciary)	ORIO MAIL	=	
	ISE TUGGLE			
+	(Typed or printed name of person signing)			
PRE	SIDENT			
	(Title of person signing)			