

P10000039945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

Corrects document
by telephone call
TR 2-3-4

Office Use Only



400188147604

12/01/10--01026--011 **43.75

Amend / MC

FILED
11 FEB -3 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 2-3-4



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2011

PAULA SINCLAIR
8058 NW 15TH MANOR (2ND MAILING)
PLANTATION, FL 33322

SUBJECT: SUPERIOR HOME HEALTH INSTITUTE CORP
Ref. Number: P10000039945

Upon receipt of your letter and/or check(s) totaling \$43.75, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00028200

RECEIVED

11 FEB -3 AM 10:45

DEPT OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2010

PAULA SINCLAIR
ALPHA HOME HEALTH INSTITUTE CORP
5975 W. SUNRISE BLVD STE 207(2ND NOTICE)
SUNRISE, FL 33155

SUBJECT: SUPERIOR HOME HEALTH INSTITUTE CORP
Ref. Number: P10000039945

Upon receipt of your letter and/or check(s) totaling \$43.75, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00028200

RECEIVED
12 AM 8:07
DIV OF STATE
TALLAHASSEE, FL



RECEIVED

10 DEC 16 AM 8:33

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
TALLAHASSEE
FLORIDA

December 3, 2010

PAULA SINCLAIR
ALPHA HOME HEALTH INSTITUTE CORP.
5976 W. SUNRISE BLVD STE 207
SUNRISE, FL 33155

SUBJECT: SUPERIOR HOME HEALTH INSTITUTE CORP
Ref. Number: P10000039945

Upon receipt of your letter and/or check(s) totaling \$43.75, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00028200

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALPHA HOME HEALTH INSTITUTE

DOCUMENT NUMBER: P10000039945

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

Please return all correspondence concerning this matter to the following:

PAULA SINCLAIR
Name of Contact Person

ALPHA HOME HEALTH INSTITUTE
Firm/ Company

9715. W. BROWARD BLVD, #107
Address

PLANTATION, FL 33324
City/ State and Zip Code

Paula@florida1@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA SINCLAIR at (954) 628-2256
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

SUPERIOR HOME HEALTH INSTITUTE CORP
(Name of Corporation as currently filed with the Florida Dept. of State)

110000039945

(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:

ALPHA HOME HEALTH INSTITUTE CORP.

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)

9715 W. BROWARD BLVD, #107
PLANTATION
FLORIDA, 33324

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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

FILED
11 FEB 8 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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)

N/A

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)

date of each amendment(s) adoption: 1-23-11

Effective date if applicable: 1/23/11

(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 1/23/11

Signature Paula Sinclair

(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)

PAULA SINCLAR

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)