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MC Amend. 11-3-10

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: A-ALLIED HEALTHCARE AGENCY, INC DOCUMENT NUMBER:1 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VALARIE J- CHRISTIE 10001 NW 50th ST # 203E SUNRISE FL. 33351 City/ State and Zip Code Vcherstie 42 @ yahor com For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$52.50 Filing Fee ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address **Street Address**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of 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: 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 th 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

Page 1 of 3

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>	Address	Type o	f Action
C <u>EO</u>	LORETTA	FRANCIS 10001 A	E, FC. 33351	d move
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	· · · · · · · · · · · · · · · · · · ·			
		ional Articles, enter change(s) here essary). (Be specific)	;;	
TAN	NA BE ARIE C	NNETT - CFI	5 — 25° — 15°7	Zo
provisio	ons for implementing	or an exchange, reclassification, or the amendment if not contained is N/A)	n the amendment itself:	
TANY VALAR	ITA FRAN 1A BENNE RIE CHRI	CIS - CANCEL TT - 25% of 9	Company (Reclassification) Y (Reclassification
		V	'	

The date of each amendment(s)	adoption: OCTUBER 25, 2010
	(date of adoption is required) OCTOBER 25, 2010
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
• (no more than 90 days after amenament fite datef
	•
Adoption of Amendment(s)	(CHECK ONE)
the amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	•,
(1	ooting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated_Oc	TOBER 25, 2010
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
<u>د</u>	DUANE K. CHRISTIE (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)