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17183941175

From: Alexander England

8/3/23, 4:40 PM

P10000089916

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H230002706103ABCV

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
NATIONAL HOME HEALTH CARE VOLUSIA, INC.**

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2023 AUG -7 PM 2:54

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Corporate Filing Menu

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17183041175

From: Alexander England

850-617-6381

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August 4, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NATIONAL HOME HEALTH CARE VOLUSIA, INC.

1555 SAXON BLVD

303

DELTONA, FL 32725

SUBJECT: NATIONAL HOME HEALTH CARE VOLUSIA, INC.

REF: P10000089916

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list a title the company being added to the corporation.

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) 245-6050.

Tammi Cline

Regulatory Specialist II Supervisor

FAX Aud. #: H23000270610

Letter Number: 723A00017693

P.O. BOX 6327 - Tallahassee, Florida 32314

(((H23000270610 3)))

Articles of Amendment  
to  
Articles of Incorporation  
of

NATIONAL HOME HEALTH CARE VOLUSIA, INC.

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

P10000089916

(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)

600 Rinehart Road, Suite #2116

Lake Mary, Florida 32746

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

INTERSTATE AGENT SERVICES, LLC

100 SE 2ND STREET, SUITE 2000 #209

(Florida street address)

New Registered Office Address:

MIAMI

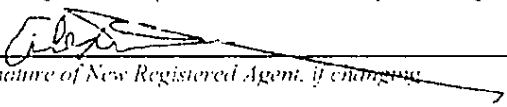
(City)

Florida 33131

(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)

Please note the officer/director title by the first letter of the office title:

P – President; V – Vice President; T – Treasurer; S – Secretary; D – Director; TR – Trustee; C – Chairman or Clerk; CEO – Chief Executive Officer; CFO – Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change                      PT      John Doe

X Remove                     V       Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>CEO</u>	<u>Kohn, Gregory Elliot</u>	<u>33 Wood Avenue South</u> <u>Suite 450</u> <u>Iselin, NJ 08830</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>President</u>	<u>Schwartz, Steven</u>	<u>33 Wood Avenue South</u> <u>Suite 450</u> <u>Iselin, NJ 08830</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>C</u>	<u>Elevate Home Health Group</u> <u>of Jacksonville LLC</u>	<u>600 Rinehart Road</u> <u>Suite #2116</u> <u>Lake Mary, Florida 32746</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed

Effective date if applicable: \_\_\_\_\_  
(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 07/25/2023

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)

James (Ryan) Genson

(Typed or printed name of person signing)

COO

(Title of person signing)

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