P12000004726

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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DDR 6/25/12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	CENTRAL FLORIDA HOME ASSISTANCE, INC.	
DOCUMENT NUMBER:	P12000004726	
The enclosed Articles of Amenda	nent and fee are submitted for filing.	
Please return all correspondence	concerning this matter to the following:	
	CECILET ORTIZ	
	Name of Contact Person	
	CENTRAL FLORIDA HOME ASSISTANCE, INC.	
Firm/ Company		
	5462 HOFFNER AVE., SUITE 503	
	Address	
	ORLANDO, FL 32812	
	City/ State and Zip Code	
For further information concerning	il address: (to be used for future annual report notification) ng this matter, please call:	
CECILET ORTIZ	at (600-0603	
Name of Contact	Person Area Code & Daytime Telephone Number	
Enclosed is a check for the follow	ving amount made payable to the Florida Department of State:	
	.75 Filing Fee &	
Mailing Addre		
Amendment Se		
Division of Cor		
P.O. Box 6327 Tallahassee, Fl	Clifton Building 2661 Executive Center Circle	
i ununussee, i L	Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

FILED

CENTRAL FLORIDA HOME ASSISTANCE INC.

2012 JUN 22 PM 12: 28

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

SECRETARY OF STATE TALLAHASSEE.FLORID!

P1200000	04726	TALLAHASSEE.FL
(Document Number of Corporation	(if known)	s.H _e
Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation:	is Florida Profit Corporation ad	lopts the following amendment
A. If amending name, enter the new name of the corporation:		The new
ame must be distinguishable and contain the word "corporat Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ord "chartered," "professional association," or the abbreviation	"Co". A professional corpora	orated" or the abbreviation
3. Enter new principal office address, if applicable:	2431 ALOMA AVE.	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SUITE 249	
	WINTER PARK, FL	32792
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2431 ALOMA AVE.	
	SUITE 249	· · · · · · · · · · · · · · · · · · ·
	WINTER PARK, FL	32792
b. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		ne of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida_	
(Cit	(y)	(Zip Code)
lew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia		s of the position.
Signature of New Registere	d Agont if changing	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add X Remove	P	CECILET ORTIZ	2284 SANTA LUCIA ST KISSIMMEE FL 34743
2) Change	P	C.F.H.A. STAFFING, INC.	2431 ALOMA AVE. SUITE 259 WINTER PARK, FL 32792
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove		<u></u>	

	ticles, enter change(s) here: (Be specific)
N/A	
provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
J/A	

The date of each amendment(s) adoption:	00/10/2012
Effective date <u>if applicable</u> :	06/18/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CI	HECK ONE)
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(s) approval.
	ne shareholders through voting groups. The following statement g group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by	oting group)
(vo	ting group)
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
DatedOld 18	2012
Signature Cla	let Otto .
selected, by an inc	sident or other officer if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court y by that fiduciary)
	CECILET ORTIZ
	(Typed or printed name of person signing)
	Hanager, President
	(Title of person signing)