## P12000005775

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zie/Dhane 49                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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2017 APR 20 PH 3: 00
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendicus

APR 20 2017

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR                            | RATION: JHG Loving Group                    | p home care, Inc   |  |  |
|---|---|--|--|--|
| DOCUMENT NUMI                             | P12/  | 10000577   | 5  |  |
| The enclosed Articles                     | of Amendment and fee are su                 | bmitted for filing.  |  |  |
| Please return all corres                  | spondence concerning this ma                | tter to the following:   |  |  |
|   | Josette Gaspard                             |  |  |  |
|   |   | Name of Contact Person   | 1  |  |
|   | JHG Loving Group Home ca                    | re, Inc.   |  |  |
|   |   | Firm/ Company  |  |  |
|   | 5067 Sano                                   | cerre circle   |  |  |
|   |   | Address  | <u> </u>   |  |
|   | Lake Wo                                     | orth FL33463   |  |  |
|   |   | City/ State and Zip Cod  | e  |  |
| josett                                    | eby@yahoo.com                               |  |  |  |
|   |   | sed for future annual report                                       | notification)  |  |
|   |   |  |  |  |
| For further information                   | n concerning this matter, pleas             | se call:   |  |  |
| Jose                                      | ette Gaspard                                | at (   | 929-6170   |  |
| Name of Contact Person                    |   | Area Co  | de & Daytime Telephone Number  |  |
| Enclosed is a check fo                    | r the following amount made                 | payable to the Florida Depa  | artment of State:  |  |
|   | <b>3</b>                                    |  | _  |  |
| □ \$35 Filing Fee                         | ■\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |
| Mailing Address                           |   |  | Address  |  |
|   | endment Section                             | Amendment Section  |  |  |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporations Clifton Building                          |  |  |
| Tallahassee, FL 32314                     |   | 2661 Executive Center Circle                                       |  |  |

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 31, 2017

JOSETTE GASPARD 2nd mailing JHG LOVING GROUP HOME CARE, INC. 5553 BOYNTON PLACELE BOYNTON BEACH, FL 33437

SUBJECT: JHG LOVING GROUP HOME CARE, INC.

Ref. Number: P12000005775

We have received your document for JHG LOVING GROUP 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 217A00005371

17 APR 20 PM 1: 39



March 21, 2017

JOSETTE GASPARD JHG LOVING GROUP HOME CARE, INC. 5067 SANCERRE CIRCLE LAKE WORTH, FL 33463

SUBJECT: JHG LOVING GROUP HOME CARE, INC.

Ref. Number: P12000005775

We have received your document for JHG LOVING GROUP 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must have original signatures.

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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.

Irene Albritton Regulatory Specialist II

Letter Number: 217A00005371

## Articles of Amendment to Articles of Incorporation of

| JHG Loving Group Home   | e care, Inc.   |
|---|--|
| (Name of Corporation as current   | ly filed with the Florida Dept. of State)                      |
| P120000   | 05775  |
| (Document Number o  | f Corporation (if known)                                       |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:   | Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation:   |  |
|   | The new  |
| name must be distinguishable and contain the word "corporatio" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation "                    | 'Co". A professional corporation name must contain the "P.A."  |
| B. Enter new principal office address, if applicable:   | 5065 Sancerre circle   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | Lake Worth FL.33463  |
| 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 add new registered agent and/or the new registered office address | s of T   |
| Name of New Registered Agent  | E PARTE A  |
| :   |  |
| (Florida str  | reet address)  |
| New Registered Office Address:  | , Florida (Zip Code)   |
|   | (City) (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar   |  |

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 <math>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 Do     | <u>oe</u>      |   |
|-------------------------------|--------------|-------------|----------------|---|
| X Remove                      | <u>v</u>     | Mike Jo     | <u>ones</u>    |   |
| X Add                         | <u>sv</u>    | Sally Sr    | n <u>ith</u>   |   |
| Type of Action<br>(Check One) | <u>Title</u> |             | Name           | <u>Addres</u> s                         |
| 1) Change                     | V            |             | Harold Gaspard | 5553 Boynton PL.                        |
| Add                           |              |             |                | Boynton Beach FL.33463                  |
| X Remove                      |              |             |                |   |
| 2) Change                     |              | _           |                |   |
| Add                           |              |             |                | *************************************** |
| Remove                        |              |             |                |   |
| 3 ) Change                    | -            | <del></del> |                |   |
| Add                           |              |             |                |   |
| Remove                        |              |             |                |   |
| 4) Change                     |              |             |                |   |
| Add                           |              |             |                |   |
| Remove                        |              |             |                |   |
| 5) Change                     |              |             |                |   |
| Add                           |              |             |                |   |
| Remove                        |              |             |                |   |
|                               |              |             |                |   |
| 6) Change                     |              | _           |                |   |
| Add                           |              |             | ·              |   |
| Remove                        |              |             |                |   |

|                       | ts, if necessary). (Be specific)   |   |
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| TC                    | *1e  |   |
| provisions for implem | vides for an exchange, reclassification, or cancellation of issued shares, nenting the amendment if not contained in the amendment itself: |   |
| (if not applicable,   |  |   |
|                       |  |   |
|                       | 1 1 1 100 11   |   |
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| . 03/10/2017 The date of each amendment(s) adoption:   | , if other than the  |
|--|----------------------|
| date this document was signed.   | , ii other than the  |
|  |                      |
| Effective date if applicable: (no more than 90 days after amendment file date)   |                      |
| · (no more than 30 days after amenanem fre date)   |                      |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.                        | not be listed as the |
| 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)  |                      |
| (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  |                      |
|  |                      |
| Signature Waspard  | ·                    |
| (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)   |                      |
| Joseph Gasband   |                      |
| (Typed or printed name of person signing)  | <u>_</u>             |
| $\mathcal{P}$  |                      |
| (Title of person signing)  |                      |