P12000073267

(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700419503157

11/29/23--01021--008 **43.75







December 14, 2023

AGELET ST HUBERT 764 AQUA SURF CT JACKSONVILLE, FL 32225

SUBJECT: KERNAN PRIVATE NURSING CARE INC

Ref. Number: P12000073267

We have received your document for KERNAN PRIVATE NURSING 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 sign and date the last page.

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 723A00028511

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	KERNAN PRIVAT	E NURSING CARE INC		
	000073267		···	
The enclosed Articles of Amend	ment and fee are sub	omitted for filing.		
Please return all correspondence	concerning this mat	ter to the following:		
AGELET	ST HUBERT			
		Name of Contact Persor	1	
		Firm/ Company		
764 AQU	A SURF CT			
IACKSO!	NVILLE, FL 32225	Address		
JACKSOI —		City/ State and Zip Code	<u> </u>	
V DNCINA	C@GMAIL.COM	Only batte and hip cook	•	
		ed for future annual report	notification)	
For further information concerni	ng this matter, pleas	e call: at (<u>904</u> at (5546051	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the follow	wing amount made p	payable to the Florida Depa	artment of State:	
	3.75 Filing Fee & rtificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	Mailing Address Amendment Section		Address Iment Section	
Division of Co	rporations	Division of Corporations		
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

KERNAN PRIVATE NURSING CARE INC

(Name o	of Corporation as curren	tly filed with the Florida I	lept. of State)
P12000073267			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C" chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporatio	ed" or the abbreviation "Corp.,"
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)	N/A	
D. If amending the registered agent an new registered agent and/or the new			name of the
	THEGOLDEN TRUST	~.	
Name of New Registered Agent			
	zri - i		<u></u>
	764 AQUA SURF CT	treet address) JACKSONVILLE	FL 32225
New Registered Office Address:	- TOTAQUASURI CI	(City)	, Florida(Zip Code)
		(City)	(24)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tions of the position.
Theorlden	Frust. UA 9.	5-23 Agelet St Registered Agent, if changing	Hubert TIEE
	Signature of New	negisiereu Ageni, ij changii	18

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	TR	THEGOLDEN TRUST	764 AQUA SURF CT	
X Add			JACKSONVILLE FL 32225	
X Remove				
2) Change	PCC	AGELET ST HUBERT	764 AQUA SURF CT	
Add			JACKSONVILLE FL 32225	
X Remove Change	<u>v</u>	WISLY NOEL	3431 BRAHMA BULL CIRCLE NORTH JACKSONVILLE FL 322	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary). (Be specific)	
ARTICLE IV IS BEING AMENDED. THE NUMBER OF SHARES THE CORPORATION IS AUTHORIZED TO ISSUE	3:
IS 100	_
ARTICLE VI IS BEING AMENDED. THE NAME AND THE ADDRESS OF INCOPORATOR IS:	_
THEGOLDEN TRUST	_
764 AQUA SURF CT, JACKSONVILLE FL 32225	_
THE SIGNATURE OF THE INCOPORATOR IS: The golden Trust. UA 9-5-23 Agelot Sthulant	- L71E
ARTICLE VII IS BEING AMENDED. THE INITIAL OFFICER (S) AND/OR DIRECTOR (S) OF THE CORPORATION	
IS/ARE;	_
TITLE P: AGELET ST HUBERT , 764 QUA SURF CT, JACKSONVILLE FL 32225 IS BEING REMOVED	_
TITLE V: WISLY NOEL, 3431 BRAHMA BULL CIRCLE, JACKSONVILLE FL 32226 IS BEING REMOVED	_
THE NEW OFFICER(S) AND/OR DIRECTOR (S) OF THE CORPORATION IS/ARE: TITLE TR:THEGOLDEN TRUS	T T
764 AQUA SURF CT, JACKSONVILLE FL 32225	_
	_
	_
	_
	_
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)	•
N/A	_
	_
	_
	_
	_
	_

The date of such amond as a (2) A si
The date of each amendment(s) adoption: if other than to late this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
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)
Dated
Signature Theselden Trust. UA. 9-5-23. Agelet Sthubert. TTEE
(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)
THEGOLDEN TRUST.UA.9-5-23.AGELET ST HUBERT.TTEE
(Typed or printed name of person signing)
TRUSTEE
(Title of person signing)