

P 14000058399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

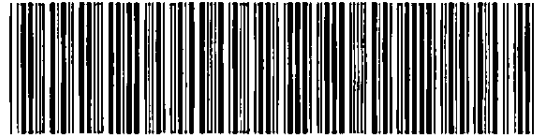
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*incomplete & wrong form*

Office Use Only



400316977134

08/15/18--01016--028 \*\*30.00

10/03/18--01001--002 \*\*5.00

**FILED**

2018 SEP 28 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

OCT -2 2018

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** UNLIMITED HEALTHCARE PROVIDER INC.

**DOCUMENT NUMBER:** P14000058399

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERMANDA JEAN FRANCOIS  
Name of Contact Person

UNLIMITED HEALTHCARE PROVIDER INC.  
Firm/ Company

2101 VISTA PARKWAY SUITE 273  
Address

WEST PALM BEACH FLORIDA 33411  
City/ State and Zip Code

unlimitedhealthcareproviderinc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERMANDA JEAN FRANCOIS at ( 352 ) 512 5070  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$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**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
 10 SEP 28 PM 12:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2018

SHERMANDA JEAN FRANCOIS  
2101 VISTA PARKWAY  
SUITE 273  
WEST PALM BEACH, FL 33411

SUBJECT: UNLIMITED HEALTHCARE PROVIDER INC  
Ref. Number: P14000058399

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 618A00017493

Articles of Amendment  
to  
Articles of Incorporation  
of

**FILED**

2018 SEP 28 PM 3: 30

UNLIMITED HEALTHCARE PROVIDER INC.

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

SECRETARY OF STATE  
TALLAHASSEE, FL

P14000058399

(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**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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*





SEPTEMBER 6, 2018

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

SEPTEMBER 6, 2018

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

SEPTEMBER 6, 2018

Dated \_\_\_\_\_

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)

SHERMANDA JEAN FRANCOIS

(Typed or printed name of person signing)

Director

(Title of person signing)