## P1400058399

(Requestor's Name)
(Address)
(Address)
(0) (0) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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2018 SEP 28 PH 3: 30 SECRETARY OF STATE

C. GOLDEN 00T -2 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	ALTHCARE PROVIDER	INC.		
	BER: P14000058399		#		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	SHERMANDA JEAN FRA	NCOIS			
	* · · · · ·	Name of Contact Person	3		
	UNLIMITED HEALTHCARE PROVIDER INC.				
	Firm/ Company				
	2101 VISTA PARKWAY SUITE 273				
Address					
	WEST PALM BEACH FLO	RIDA 33411			
		City/ State and Zip Cod	<u> </u>		
unlim	itedhealthcareproviderinc@	gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
SHERMANDA JEAN	N FRANCOIS	352	、512 5070		
Name of Contact Person		at (at Co			
Enclosed is a check for	r the following amount made:		·		
included is a check to	t the rottowing attrount made	payable to the Florida Depa	ittnent 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)		
Mai	ling Address	Strout	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



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.

Letter Number: 618A00017493

Claretha Golden Regulatory Specialist II

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

FILED

UNLIMITED HEALTHCARE PROVIDER INC.

2018 SEP 28 PM 3: 30

(Name of Corporation	n as currently filed with the Florida Dept. of State), RE FARY OF STATE
P14000058399	TALLAHASSEE. FL
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.' word "chartered," "professional association," or the a	The new "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Siana	ture of New Registered Agent 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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ARDY JEAN FRANCOIS	2101 VISTA PARKWAY
X Add			STE 273,WEST PALM BEACH
Remove			FLORIDA 33411
2) Change			
Add			
Remove			
3 ) Change	<del></del>		<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	l sheets, if necessar	<del>Articles, enter chan</del> y). <i>(Be specific)</i> .N FRANCOIS AS		F THE BUSINESS	S
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an amendmen	t provides for an e	xchange, reclassific	ation, or cancella	ution of issued shar	<u>-es,</u>
(if not appli	mplementing the a cable, indicate N/A	mendment if not co	ntained in the an	ienament itseit:	
<del> </del>					
<del></del>					

	SEPTEMBER 6, 2018	
The date of each amendment		, if other than the
date this document was signed		•
Effective date if applicable:	SEPTEMBER 6, 2018	
Effective date <u>it applicable</u> .	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
SEPT Dated	TEMBER 6, 2018	
Signature		
se	By a director, president or other officer—If directors or officers have not been elected, by an incorporator—if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	SHERMANDA JEAN FRANCOIS	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	<del></del>