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## **COVER LETTER**

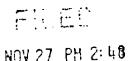
**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CITRUS HOMEH	EALTH HOLDINGS, INC				
DOCUMENT NUM	P14000063785		<del>-</del>			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	Thomas O. Wingo, Jr.					
	Name of Contact Person					
		Firm/ Company				
	1700 66th Street North, Suite	e 101				
	Address					
	St. Petersburg, FL 33710					
		City/ State and Zip Cod	e			
thor	naswingo@palmshhstpete.com	ı				
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	on concerning this matter, pleas	se call:				
Thomas O. Wingo, Jr.		at (				
Name	of Contact Person	at (727 ) 3001433  Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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		Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation 17 NOV 27 PH 2: 48 of



CITRUS HOMEHEALTH HOLDINGS.	INC.		SECTION OF TAIL	
(Name	of Corporation as curre	ently filed wit	th the Florida Dept. of State)	
P14000063785				
	(Document Number	er of Corporati	ion (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, t	his <i>Flo<b>rida Pr</b></i>	rofit Corporation adopts the following amendm	ient(s) I
A. If amending name, enter the new na	me of the corporation:	<u>:</u>		
N/A			The ne	ı.
	ation "Corp." "Inc." o	or "Co". A p.	pany," or "incorporated" or the abbreviatio professional corporation name must contain th	n
3. Enter new principal office address,	if annlicable:	N/A		
Principal office address MUST BE A S				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
<ol> <li>If amending the registered agent an new registered agent and/or the new</li> </ol>			rida, enter the name of the	
	Thomas O. Wingo, Jr.	1633.		
Name of New Registered Agent		<u>.</u>		
	1877 Muirfield Way			
	•	a street address)	)	
New Registered Office Address:	Oldsmar		, Florida	
		(City)	(Zip Code)	

Signature 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.

X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Presiden	Thornton, Carol	1700 66th Street North Suite 101
Add			St. Petersburg, FL 33710
X Remove			
2) Change	Presiden	Thomas O. Wingo, Jr.	1877 Muirfield Way
XAdd			Oldsmar, FL 34677
Remove			
3)Change			
Add			
Remove			<del></del>
4) Change	<u> </u>		
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add		-	
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
<del>-</del>
· · ·
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 each amendment(s) adoption:date this document was signed.	, if other than the
•	
Effective date if applicable:  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amending the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sh action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareh action was not required.	older
Dated	
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)	
Thomas O. Wingo, Jr. (Typed or printed name of person signing)	
President	
(Title of person signing)	