P14000096747

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	110:11.		Palm Beaches, Inc.			
DOCUMENT NUMBER	_{R:} p1400009674	2				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ndence concerning this ma	tter to the following:				
K	aren White					
		Name of Contact Person	1			
H	Home Health Services Of The Palm Beaches, Inc.					
-		Firm/ Company	·			
5	15 N Flagler Dri	 				
١.٨	last Dalm Dasal	Address				
<u>v</u>	Vest Palm Beach					
_		City/ State and Zip Cod	e			
nor2\	white@gmail.co					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information co	oncerning this matter, pleas	e call:				
Karen White		at (561	, 3519070			
Name of C	Contact Person		de & Daytime Telephone Number			
Enclosed is a check for th	e following amount made p	payable to the Florida Depa	rtment 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				

Articles of Amendment to Articles of Incorporation of

to

(Name of Corporation as currently filed with the	Florida Dept. of State)			
P14000096742				
(Document Number of Corporation	(if known)		_	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation :	adopts the follow	ing am	endment(
A. If amending name, enter the new name of the corporation:				
174			The	e new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpor "P.A."			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	n/A		_	
		5 €∞		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	0/1	A ************************************	5 Jan 3	र केटाल्सम सं भी
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			[43m	2 . 1 . 2 2 . 1 . 2 2 . 4 . 2 4 . 4 . 4
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.	ldress in Florida, enter the na	me of the	0: 5 9	
Name of New Registered Agent 7/0				
(Florida	street address)	- -		
New Registered Office Address:(Cir	, Florid	a(Zip Code)		
· ·	••			
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ns of the position	1 .	
Signature of New Registere	d 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 <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:	DT	John Day	
X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	S	KAREN WHITE	3727 TURTLE ISLAND CT
Add			WEST PALM BEACH FL
Remove			33411
2) Change	S	ZITA WILLIAMS	3727 TURTLE ISLAND CT
✓ ∧dd			WEST PALM BEACH FL
Remove			33411
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>n) A</u>			(Be specific)			
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		es for an excha	nge, reclassifica	tion, or cancellat	ion of issued shar	es,
f an an provisi	<u>iendment provid</u>		Tinent ii not coi	itaineu in the aint	enument usen:	
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The date of each amendmen		, if other than the
date this document was signed		
Effective date if applicable:	1/14/2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	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):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_1/14	4/2015	
Signature	Low The	
Se	y 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 popointed fiduciary by that fiduciary)	
	KAREN WHITE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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