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SEP 11 205 **C LEWIS**

COVER LETTER

TO: Amendment Section Division of Corporations

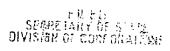
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NAME OF CORPORATION	ON: Richards Nurse Co	nsulting, Inc.	
	P15000032917		
The enclosed Articles of An	nendment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
Benja	min S Armstrong		
		Name of Contact Person	n
Arms	trong & Jordan, P.C.		
		Firm/ Company	
200 F	arkwest Circle, Suite 2		
		Address	
Dotha	an, Alabama 36303		
		City/ State and Zip Cod	e
ben@benar	mstronglaw.com		
-	-	sed for future annual report	notification)
For further information cond	erning this matter, pleas	se call:	
Benjamin S. Armstrong		at (<u>334</u>	793-2629
Name of Cor	itact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	3\$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)
P.O. Box	nt Section f Corporations	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



P15000032917		15 SEP -8 PM 12: 15 ently filed with the Florida Dept. of State)
Pursuant to the provisions of section 607.1006.	(Document Number	
Pursuant to the provisions of section 607.1006.	(Document Number	
		er of Corporation (if known)
•	, Florida Statutes, t	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name o	f the corporation:	<u>.</u>
		The new
	"Corp," "Inc," o	ntion," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6221 Flamingo Drive
		Apollo Beach, FL 33572
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 3604
		Apollo Beach, FL 33572
D. If amending the registered agent and/or		
new registered agent and/or the new reg	istered office addr	<u>'ess:</u>
Name of New Registered Agent	da Corr	
622	Flamingo Drive	
	(Florida	street address)
Anol	lo Beach	, Florida 33572
New Registered Office Address:		(City) (Zip Code)

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) x Change	P	Ronda Corr	6221 Flamingo Drive
Add			Apollo Beach, FL 33572
Remove			
2) X Change	<u>v</u>	Ronda Corr	6221 Flamingo Drive
Add			Apollo Beach, FL 33572
Remove			
3) X Change	T	Rondo Corr	6221 Flamingo Drive
Add			Apollo Beach, FL 33572
Remove			
4) X Change	s	Ronda Corr	6221 Flamingo Drive
Add		_	Apollo Beach, FL 33572
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
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· .	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ac	loptions	, if other than the
date this document was signed.		FUEE
Effective date if applicable:		SEGRETARY OF SLAVE DIVISIAN OF CORREST LIVE
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this be document's effective date on the De		15 SEP -8 PM 12: 16 ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of fficient for approval.	votes cast for the amendment(s)
	roved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast	for the amendment(s) was/were sufficient	for approval
by		,,,
• .	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without sha	areholder action and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareho	older action and shareholder
Dated	2-15	
Signature	Rosla Con	
	rector, president or other officer - if direct	
	l, bý an incorporator – if in the hands of a ed fiduciary by that fiduciary)	receiver, trustee, or other court
	Ronda Corr	
	(Typed or printed name of per	son signing)
	President	
	(Title of person si	gning)