

P15 000034361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

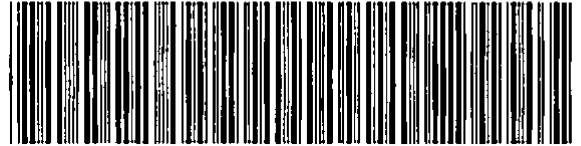
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALLSTATE HOME HEALTH INSTITUTE, INC.

DOCUMENT NUMBER: P15000034361

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

Please return all correspondence concerning this matter to the following:

CLYTIE CAMPBELL

Name of Contact Person

Firm/ Company

ALLSTATE HOME HEALTH INSTITUTE, INC.

Address

1406 N. STATE ROAD 7 LAUDERHILL FL 33313

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLYTIE CAMPBELL

Name of Contact Person

at (954) 806-8464

Area Code & Daytime Telephone Number

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

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2022

CLYTIE CAMPBELL
ALLSTATE HOME HEALTH INSTITUTE, INC.
1406 N STATE ROAD 7
LAUDERHILL, FL 33313

SUBJECT: ALLSTATE HOME HEALTH INSTITUTE, INC.
Ref. Number: P15000034361

We have received your document for ALLSTATE HOME HEALTH INSTITUTE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 822A00023850

RECEIVED
2022 NOV 14 PM 1:17
S. F. L.

Articles of Amendment
to
Articles of Incorporation
of

All state Home Health Institute

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

P 150 000 34361

(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:

N/A

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)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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

Clytie Campbell

1406 N. State Rd 7

(Florida street address)

New Registered Office Address:

Landerhill

(City)

Florida

(Zip Code)

FL 33313

2022 NOV 14 PM 11:13

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.

Campbell

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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 PT John Doe
X Remove V Mike Jones
X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change <u>X</u> Add ____ Remove	<u>P</u>	<u>Meagan Walsh</u> <u>Clytie Campbell</u>	<u>786 2nd Ave N.</u> <u>St. Petersburg FL 3370</u> <u>1406 N State Rd 7</u> <u>Lauderhill, FL 33313</u>
2) <u>X</u> Change <u>X</u> Add ____ Remove	<u>D</u>	<u>Lorenzo Steven</u> <u>Clytie Campbell</u>	<u>13100 Borton Dr</u> <u>Jacksonville FL 3221</u> <u>1406 N. State Rd 7</u> <u>Lauderhill, FL 33313</u>
3) ____ Change <u>X</u> Add ____ Remove	<u>V</u>	<u>Maevia Brisibe</u>	<u>1247 NW 17 CT</u> <u>Pembroke Pines</u> <u>FL 33028</u>
4) ____ Change ____ Add ____ Remove	<u>S</u>	<u>Cindy Goodrow</u>	<u>112203 Moose H</u> <u>Jacksonville 322</u>
5) ____ Change ____ Add ____ Remove	<u>Sara</u>	<u>Camp Dell</u>	<u>1720 W. 1st St</u> <u>Lawrence FL 33324</u>
6) ____ Change ____ Add ____ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

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)

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

Effective date if applicable: 7/15/2022
(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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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 Clytie Campbell
(voting group)"

Dated 7/15/2022

Signature Campbell

(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)

Clytie Campbell

(Typed or printed name of person signing)

President / Director

(Title of person signing)