

P150000036202

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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2015 JUL 29 PM 4:06
STATE BAR OF TEXAS
OFFICE OF COTR

Amend

JUL 30 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DEPENDABLE NURSING SERVICES OF FLORIDA INC

DOCUMENT NUMBER: P15000036202

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

Please return all correspondence concerning this matter to the following:

MICHELENE BENOIT

Name of Contact Person

DEPENDABLE NURSING SERVICES OF FLORIDA INC

Firm/ Company

369 ALSTON DR

Address

ORLANDO FL 32835

City/ State and Zip Code

michelenejl@gmail.com

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

For further information concerning this matter, please call:

407 692 8615

at (407) 692 8615

Name of Contact Person

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
Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

15 MAY 26 PM 3:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

DEPENDABLE NURSING SERVICES OF FLORIDA, INC
369 ALSTON DRIVE
A1
ORLANDO, FL 32835

SUBJECT: DEPENDABLE NURSING SERVICES OF FLORIDA, INC
Ref. Number: P15000036202

We have received your document for DEPENDABLE NURSING SERVICES OF FLORIDA, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 415A00011067

RECEIVED
15 JUL 29 AM 11:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Dependable Nursing Services Of Florida INC

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 JUL 29 PM 4:06

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

P15000036202

(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**)

369 ALSTON DR

ORLANDO FLORIDA

32835

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

N/A

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 N/A

N/A

(Florida street address)

New Registered Office Address: N/A

(City)

, Florida

(Zip Code)

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.

N/A

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.

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> </u> Change	<u>SEC</u>	<u>SAMS, KATHERINE. L</u>	<u>3336 NIPINICHET ST</u>
<u> </u> Add			<u>ORLANDO FLORIDA</u>
<u>X</u> <u> </u> Remove			<u>32818</u>
2) <u> </u> Change	<u>VP</u>	<u>WILKENS, BENOIT</u>	<u>369 ALSTON DR</u>
<u>X</u> <u> </u> Add			<u>ORLANDO FLORIDA</u>
<u> </u> Remove			<u>32835</u>
3) <u> </u> Change	<u>SEC</u>	<u>GREENE, CHERYL</u>	<u>1126 GREEN VISTA CIRCLE</u>
<u> </u> Add			<u>APOPKA, FLORIDA</u>
<u>X</u> <u> </u> Remove			<u>32712</u>
4) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
5) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>
6) <u> </u> Change	<u> </u>	<u> </u>	<u> </u>
<u> </u> Add			<u> </u>
<u> </u> Remove			<u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

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)

[illegible]

Amendment
to
Articles of Incorporation

Of,
Dependable Nursing Services of Florida Inc.

Pursuant to Chapter 607 or 621 F.S., The undersigned Incorporator a resident of the state of Florida have associated for the purpose of becoming incorporated under the laws of the state of Florida as a corporation, adopts the followings ^{Amended} Articles of incorporation.

Article I:

Name of the corporation

Dependable Nursing Services of Florida Inc.

Article II:

Duration

The period of duration for this Corporation is Perpetual.

Article III:

The principal place of business and mailing address of the corporation.

369 ALSTON DRIVE ORLANDO, FL 32835

The business of this Corporation may be conducted in all counties of the state of Florida and in all the state of the United States and all its territories.

Article IV:

Purpose

To act and operate exclusively as a Professional Corporation pursuant the laws of the state of Florida and shall include all offers of providing nursing care, wellness in the area of mind, body and spirit. This may be express in nutrition, counselling, workshop, seminars and other methods of convey human wellness. This Corporation shall have the authority to transact all manners of business for furthering human betterment. To engage in any and all activities and pursuits to support any other organization related the same purpose.

Article V:

The number of shares of stock that this corporation

Articles VI:

Names, address and titles of the Directors Officer/Director.

PRESIDENT AND CEO

BENOIT, MICHELENE 369 ALSTON DRIVE ORLANDO, FL 32835

VICE PRESIDENT

BENOIT, WILKINS 369 ALSTON DRIVE ORLANDO, FL 32835

TREASURY

BENOIT, ROUBENS 369 ALSTON DRIVE ORLANDO, FL 32835

VICE PRESIDENT

BENOIT, MICHAEL 369 ALSTON DRIVE ORLANDO, FL 32835

VICE PRESIDENT

BENOIT, TATYANNA M 369 ALSTON DRIVE ORLANDO, FL 32835

Article VII:

Incorporator

The name of the incorporator is BENOIT, MICHELENE

369 ALSTON DRIVE ORLANDO, FL 32835

Article VIII:

The Registered office and Agent.

The address of the Corporation's initial registered office shall be

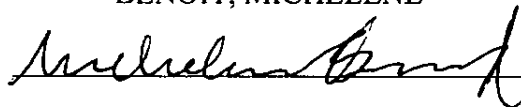
369 ALSTON DRIVE ORLANDO, FL 32835

Such office may be change at any time by the board of Directors without amendment of these Articles of Incorporation. The Corporation initial Registered Agent at such address shall be:

BENOIT, MICHELENE 369 ALSTON DRIVE ORLANDO, FL 32835

I hereby acknowledge and accept appointment as the registered agent.

BENOIT, MICHELENE

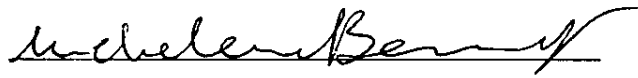
A handwritten signature in black ink, appearing to read 'Micheline Benoit', is written over a horizontal line.

Article IX:

BYLAWS

Provision for the regulation of the internal affairs of the corporation shall be set forth in the BYLAWS In witness whereof, I BENOIT, MICHELENE have executed these articles of Incorporation in duplicated this day May 5 2015 and acknowledge that I am the Incorporator herein that I read the above and foregoing Articles of Incorporation; know the contents thereof and hat the same is true to the best of my knowledge and belief expecting as to matters herein alleged upon information and belief as to those matters I believe is true.

BENOIT, MICHELENE

A handwritten signature in cursive script, appearing to read "Michèle Benoit", is written over a horizontal line.

The date of each amendment(s)' adoption: 4/21/2015, if other than the date this document was signed.

Effective date if applicable: 4/21/2015
(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 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 _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/21/2015

Signature 

(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)

MICHELENE BENOIT

(Typed or printed name of person signing)

CEO

(Title of person signing)