

P160000010131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

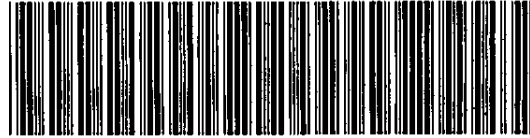
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

02/29/16--01016--007 **35.00

FILED
16 APR 12 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2016
A RAMSEY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2016

Beatriz E. Villa
Hands on Care, Corp.
7360 NW 114 Ave #203
Doral, FL 33178

SUBJECT: HANDS ON CARE, CORP
Ref. Number: P16000010131

We have received your document for HANDS ON CARE, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees for filing the resignation of officer forms are \$35.00 for each officer resigning. Instead of filing two officer resignation forms and a registered agent change form you could file articles of amendment and change the registered agent and remove the two officers all on one form for the 35.00 fee that you have already submitted. I have enclosed an amendment form for your convenience.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 316A00004374

RECEIVED
16 MAR 12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Hands on Care, Corp

DOCUMENT NUMBER: P16000010131

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

Please return all correspondence concerning this matter to the following:

Maria A. Cadavid
Name of Contact Person
Hands on Care, Corp
Firm/ Company
7360 NW 114 Ave #203
Address
Doral, FL, 33178
City/ State and Zip Code

handsoncare.fl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria A. Cadavid at (786) 547-4538
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 checked="" 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

Hands on Care, Corp

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

16 APR 12 PM 12:51

P16000010131

SECRETARY OF STATE

(Document Number of Corporation (if known))

TALLAHASSEE, FLORIDA

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:

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)

7360 NW 114 Ave #203

Doral, FL, 33178

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7360 NW 114 Ave #203

Doral, FL, 33178

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 Maria A. Cadavid

7360 NW 114 Ave #203

(Florida street address)

New Registered Office Address: Doral, Florida 33178
(City) (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.

MARIA A. CADAVID

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change	<u>COO</u>	<u>Raul Ventura</u>	<u>14307 SW 96 St, #206</u>
<u> </u> Add			<u>Miami, FL, 33186</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>CEO</u>	<u>Diana P. Marin</u>	<u>9460 Fountaibleu Blv #220</u>
<u> </u> Add			<u>Miami, FL, 33172</u>
<u>X</u> Remove			
3) <u>X</u> Change	<u>COO</u>	<u>Maria A. Cadavid</u>	<u>7360 NW 114 Ave #203</u>
<u> </u> Add			<u>Doral, FL, 33178</u>
<u> </u> Remove			
4) <u>X</u> Change	<u>CEO</u>	<u>Beatriz E. Villa</u>	<u>12521 SW 124 Ct</u>
<u> </u> Add			<u>Miami, FL, 33186</u>
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

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)

02/23/2016

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

Effective date if applicable: _____
(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.

02/23/2016
Dated _____

Signature MARIA A. CADAVIO
(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)

MARIA A. CADAVIO
(Typed or printed name of person signing)

COO
(Title of person signing)