

PI6000010248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

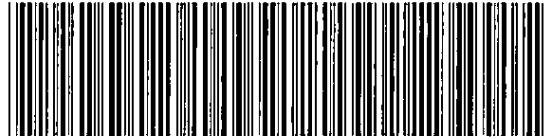
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

In correct form
Corporation - Florida
Profit Corporation

Office Use Only



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09/24/24--01025--009 **52.50

2024 NOV 18 AM 8:37
FILED
CLERK

12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2024

FLOYD WAYNE BLANKENSHIP
1438 LARKSPUR DRIVE
FORT MYERS, FL 33901

SUBJECT: INTELLI-HEALTH SERVICES, INC
Ref. Number: P16000010248

We have received your document for INTELLI-HEALTH SERVICES, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

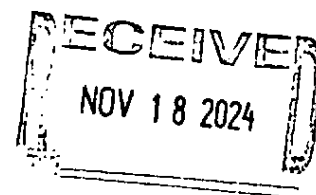
We are enclosing the proper form(s) with instructions for your convenience.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 024A00022270



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTELLI-HEALTH SERVICES, INC.

DOCUMENT NUMBER: P16000010248

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

Please return all correspondence concerning this matter to the following:

FLOYD WAYNE BLANKENSHIP
Name of Contact Person

INTELLI-HEALTH SERVICES, INC.
Firm/ Company

1438 LARKSPUR DRIVE
Address

FORT MYERS, FL 33901
City/ State and Zip Code

WAYNE.BLANKENSHIP65@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FLOYD WAYNE BLANKENSHIP at (239) 898-0478
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 checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
| | | | PD \$52.50 |

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

Articles of Amendment
to
Articles of Incorporation
of

INTELLI-HEALTH SERVICES, INC.

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

P16000010248

2021/07/18 AM 0:37

(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)

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

(Florida street address)

New Registered Office Address:

(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.

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.

6) _____ Change _____
 _____ Add _____
 _____ Remove _____

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)

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

The amendment was adopted by the Board of Directors

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 12th November, 2024

Signature Floyd Wayne Blankenship

(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)

Floyd Wayne Blankenship

(Typed or printed name of person signing)

CCEOP President CEO Chairman

(Title of person signing)