

P16000064783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

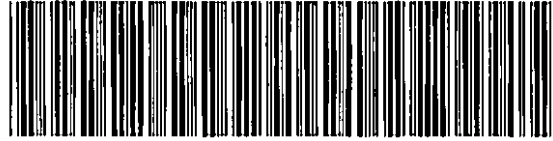
(Business Entity Name)

(Document Number)

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FILED  
2017 AUG 18 PM 4:20  
TALLAHASSEE, FLORIDA

C. GOLDEN

AUG 22 2017

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Piñciana Personal Care & Companion Services  
DOCUMENT NUMBER: P.16000064783

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

Please return all correspondence concerning this matter to the following:

Hector L. Rodriguez  
Name of Contact Person

Firm/ Company

111 E Monument ave 3rd suite 307  
Address

Kissimmee FL 34744  
City/ State and Zip Code

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

For further information concerning this matter, please call:

Hector L. Rodriguez at ( 321 ) 437-8888  
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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2017

HECTOR L. RODRIGUEZ  
POST OFFICE BOX 452848  
KISSIMMEE, FL 34745

SUBJECT: POINCIANA PERSONAL CARE AND COMPANION SERVICES  
CORP  
Ref. Number: P16000064783

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please list the city name in its entirety abbreviation is not acceptable.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 517A00015316

RECEIVED  
JUL 18 PM 12:32  
BUREAU OF COMMERCIAL  
REGISTRATION SERVICES



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 5, 2017

HECTOR L. RODRIGUEZ  
POST OFFICE BOX 452848  
KISSIMMEE, FL 34745

SUBJECT: POINCIANA PERSONAL CARE AND COMPANION SERVICES  
CORP  
Ref. Number: P16000064783

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please list the city name in its entirety abbreviation is not acceptable.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 917A00013553

*Done*

17 JUL 27 PM 11:23  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

Articles of Amendment  
to  
Articles of Incorporation  
of

Principia Personal Care and Companion Services Corp  
(Name of Corporation as currently filed with the Florida Dept. of State)

FILED  
2017 AUG 18 PM 4:20  
TALLAHASSEE, FLORIDA

(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:

*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)

111 E monument ave  
Bldg D suite 307  
Kiss, FL 34744  
Kissimmee

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

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.

\_\_\_\_\_  
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:

☒ Change                      PT      John Doe

☒ Remove                      V      Mike Jones

☒ Add                      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- 1) ☐ Change      C.E.O      Hector O Rodriguez Roman      2358 Ballard Cove Rd  
☒ Add                      Kiss FL 347458  
☐ Remove                      Kissimmee
- 2) ☐ Change      Director      Hector L. Rodriguez      2358 Ballard Cove Rd  
☐ Add                      Kiss FL 34758  
☒ Remove                      Kissimmee
- 3) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
☐ Add                      \_\_\_\_\_  
☐ Remove                      \_\_\_\_\_
- 4) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
☐ Add                      \_\_\_\_\_  
☐ Remove                      \_\_\_\_\_
- 5) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
☐ Add                      \_\_\_\_\_  
☐ Remove                      \_\_\_\_\_
- 6) ☐ Change      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
☐ Add                      \_\_\_\_\_  
☐ Remove                      \_\_\_\_\_

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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]

The date of each amendment(s) adoption: 6/23/17, 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.

Dated 6/23/17

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)

Hector L. Rodriguez  
(Typed or printed name of person signing)

President  
(Title of person signing)