

P17000 031 358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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11/13/19--01031--008 **46.75

R. WHITE

DEC 11 2019

2019 DEC 13 PM 12:15

November 8, 2019

VIA FEDERAL EXPRESS

AMENDMENT SECTION
DIVISIONS OF CORPORATIONS
CLIFTON BUILDING
2661 Executive Center Circle
Tallahassee, Florida 32301

**RE: AMENDMENT AND REQUEST FOR CERTIFICATE OF STATUS/NEW DIMENSION FAMILY CARE,
INC/DOCUMENT NUMBER P17000031358**

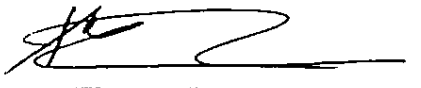
Dear Sir/Madam,

Please find enclosed the request for the Amendment of the Entity referenced above, along with the payment for the services requested. Please send the Certificate of Status to:

**CLINTON RUDDOCK
11463 SW KINGSLAKE CIRCLE, PORT SAINT LUCIE, FLORIDA 34987.**

Thank you in advance for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to be "CR", written over a horizontal line.

CLINTON RUDDOCK
Registered Agent
954-806-9392

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NEW DIMENSION FAMILY CARE INC.

DOCUMENT NUMBER: P17000031358

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

Please return all correspondence concerning this matter to the following:

Clinton Ruddock

Name of Contact Person

Firm/ Company

11463 SW Kingslake Circle

Address

Port Saint Lucie, Florida 34987

City/ State and Zip Code

cgruddock1@gmail.com

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

For further information concerning this matter, please call:

Clinton Ruddock

at (954)

806-9392

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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

2019 11 13 PM 12:15

NEW DIMENSION FAMILY CARE, INC.

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

P17000031358

(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**)

849 SW Hamberland Avenue

Port Saint Lucie, Florida 34953

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

11463 SW Kingslake Circle

Port Saint Lucie, Florida 34987

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

Clinton Ruddock

11463 SW Kingslake Circle

(Florida street address)

New Registered Office Address:

Port Saint Lucie

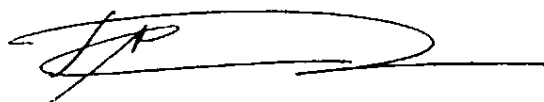
Florida 34987

(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:

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>P</u>	<u>DWAINE HIBBERT</u>	<u>849 SW HAMBERLAND AVE</u>
<u> </u> Add			<u>Port St Lucie, FL 34953</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>P</u>	<u>ANN-MARIE RUDDOCK</u>	<u>11463 SW Kingslake Circle</u>
<u>X</u> Add			<u>Port Saint Lucie, FL 34987</u>
<u> </u> Remove			
3) <u> </u> Change	<u>VP</u>	<u>CLINTON RUDDOCK</u>	<u>11463 SW Kingslake Circle</u>
<u>X</u> Add			<u>Port Saint Lucie, FL 34987</u>
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

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

(if not applicable, indicate N/A)

[illegible]

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

Effective date if applicable: 11/1/2019
(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 11/9/19
Signature Ann Marie Ruddock
(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)

ANN-MARIE RUDDOCK

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)