

P180000 35220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

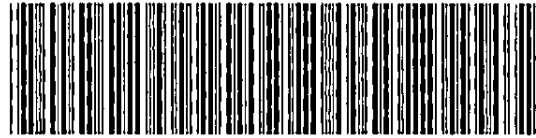
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/18--01014--023 **43.75

SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA

2018 APR -4 PM 12:46

FILED

T. LEMIEUX
APR 04 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Compassiona Hones and Medical Syplies Services Corp

DOCUMENT NUMBER: P18000035220

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

Please return all correspondence concerning this matter to the following:

GLORIA ADESANYA

Name of Contact Person

COMPASSIONATE HONES AND MEDICAL SUPPLIES SERVICES CORP

Firm/ Company

6730 GOLDENEYE DRIVE

Address

ORLADO FL 32910

City/ State and Zip Code

COMOASSIONCROWN@GMAIL.COM

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

For further information concerning this matter, please call:

GLORIA ADESANYA

Name of Contact Person

at (9048886437)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

GLORIA ADESANYA
6730 GOLDENEYE DR
ORLANDO, FL 32910

SUBJECT: COMPASSIONATE HOMES AND MEDICAL SUPPLIES SERVICES
CORP.
Ref. Number: P18000035220

We have received your document for COMPASSIONATE HOMES AND
MEDICAL SUPPLIES SERVICES CORP. and your check(s) totaling \$43.75.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

Please have Gloria A Adesanya sign the amendment.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 118A00018317

RECEIVED

2019 APR -4 AM 11:36

SECRET
TALLAHASSEE

Articles of Amendment
to
Articles of Incorporation
of

FILED

2019 APR -4 P 12:46

COMPASSIONATE HOMES AND MEDICAL SUPPLIES SERVICES CORP.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P18000035220

(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)

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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> <u>Change</u>	<u>P</u>	<u>OKUWADUNNI E ADESANYA</u>	<u>1141 KENDALL BLVD APT 430</u>
<u> </u> <u>Add</u>			<u>JACKSONVILLE FL 32226</u>
<u> </u> <u>Remove</u>			
2) <u> </u> <u>Change</u>	<u>P</u>	<u>GLORIA ADESANYA</u>	<u>6730 GOLDENEYE DRIVE</u>
<input checked="" type="checkbox"/> <u>Add</u>			<u>ORLANDO FL 32226</u>
<u> </u> <u>Remove</u>			
3) <input checked="" type="checkbox"/> <u>Change</u>	<u>VP</u>	<u>GLORIA ADESANYA</u>	<u>3419 GLENN HOLOW CT</u>
<u> </u> <u>Add</u>			<u>JACKSONVILLE FL 32810</u>
<u> </u> <u>Remove</u>			
4) <u> </u> <u>Change</u>	<u>VP</u>	<u>OLUWADUNNI E. ADESANYA</u>	<u>3419 GLENN HOLLOW CT</u>
<input checked="" type="checkbox"/> <u>Add</u>			<u>JACKSONVILLE FL 32226</u>
<u> </u> <u>Remove</u>			
5) <u> </u> <u>Change</u>			
<u> </u> <u>Add</u>			
<u> </u> <u>Remove</u>			
6) <u> </u> <u>Change</u>			
<u> </u> <u>Add</u>			
<u> </u> <u>Remove</u>			

(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.

(if not applicable, indicate N/A)

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):*

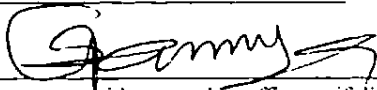
"The number of votes cast for the amendment(s) was/were sufficient for approval

by 3 _____"
(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 08/08/2018

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)

GLORIA A ADESANYA

(Typed or printed name of person signing)

OWNER/PRESIDENT

(Title of person signing)