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S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: Gulf Breeze Home	Health, Inc.	
DOCUMENT NUMBER	P1900000599	8	
The enclosed Articles of A	mendment and fee are sub	omitted for filing.	
Please return all correspon	dence concerning this mat	ter to the following:	
		Lidia Montero	
-		Name of Contact Person	1
	Gulf	Breeze Home Health, Inc	
		Firm/ Company	
		12907 Bliss Loop	
		Address	
		Bradenton, Fl 34211	
<del></del>		City/ State and Zip Cod	e
	taxprodoc@gmail.c	com	
	E-mail address: (to be use	ed for future annual report	notification)
For further information co	ncerning this matter, please	e call:	
Alfonso Woods  Name of Contact Person		at (	768-2329
		Area Code & Daytime Telephone Numb	
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	artment 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Gulf Breeze Home Health, Inc.

D1600000	tly filed with the Florida Dept. of State)
P1900000 (Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	111 2nd Avenue N.E. Suite 355
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, Fl 33701
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 2nd Avenue N.E. Suite 355
	St. Petersburg, Fl 33701
	2 2
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	
new registered agent and/or the new registered office address  Name of New Registered Agent	55:
new registered agent and/or the new registered office address  Name of New Registered Agent	

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	Marc Green	2626 Boca Ciega Dr N
Add			St. Petersburg, Florida 33710
Remove			
2) X Change	VDST	Lidia Montero	12907 Bliss Loop
Add			Bradenton, Fl 34211
Remove			<del></del>
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)		
			<del></del>
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or	cancellation of issued sh	ares,
(if not applicable, indicate N/A)	disent it not contained	in the amendment itsen:	
		<del></del>	

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
■ 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)
(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
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)
Lidia Montero
(Typed or printed name of person signing)
Director
(Title of person signing)