

PP0000 74644

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R. WHITE
FEB 07 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: C.A.T HEALTH SERVICES INC

DOCUMENT NUMBER: P19000074644

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

Please return all correspondence concerning this matter to the following:

PATRICK CREARY

Name of Contact Person

N/A

Firm/ Company

5100 CAESAR WAY SOUTH

Address

ST. PETERSBURG, FLORIDA 33712

City/ State and Zip Code

YAASUBUHI@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICK CREARY

at (

954

687-6885

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

C.A.T. HEALTH SERVICES INC

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

P19000074644

(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:

ACNA CARE SERVICES INC

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**)

N/A

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:

N/A

, 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 type="checkbox"/> Change | <u>V</u> | <u>JAMBO HOME SERVICES INC</u> | <u>3530 1ST AVENUE NORTH</u> |
| <input type="checkbox"/> Add | | | <u>SUITE 203</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>ST. PETERSBURG FL 33713</u> |
| 2) <input type="checkbox"/> Change | <u>V</u> | <u>PATRICK CREARY</u> | <u>5100 CAESR WAY SOUTH</u> |
| <input checked="" type="checkbox"/> Add | | | <u>ST. PETERSBURG FL 33712</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>S</u> | <u>JOY GRANT</u> | <u>5100 CAESAR WAY SOUTH</u> |
| <input checked="" type="checkbox"/> Add | | | <u>ST. PETERSBURG FL 33712</u> |
| <input type="checkbox"/> Remove | | | |
| 4) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

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

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

N/A

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)

N/A

The date of each amendment(s) adoption: 1/2/2020, if other than the date this document was signed.

Effective date if applicable: 1/2/2020
(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.

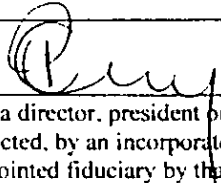
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

Dated 1/8/2020

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)

PATRICK CREARY

(Typed or printed name of person signing)

REGISTERED AGENT

(Title of person signing)