

P200000 19669

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

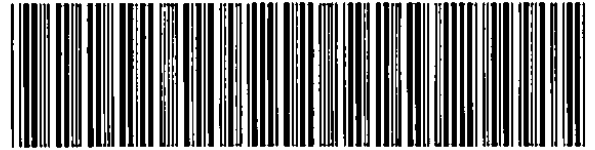
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04/06/20--01017--013 **45

2020 APR 27 P 1:01

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Amend

4/29/20

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020/04/27 PM 12:21

April 13, 2020

WARREN D. REID
REIDS INCOME TAX & COMPUTER SERVICE, LLC
5419 NORTH STATE ROAD 7
TAMARAC, FL 33319-2921

SUBJECT: EXPERT CARE NURSING SERVICES INC
Ref. Number: P20000019669

We have received your document and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

AN UPDATED AMENDMENT FORM PURSUANT TO SECTION 607.1006, FLORIDA STATUTES WAS REVISED FOR THE YEAR OF 2020 THROUGH LEGISLATIVE ACTION. PLEASE ENSURE THAT THIS UPDATED FORM IS USED FOR FUTURE CHANGES.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 220A00007753

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EXPERT CARE NURSING SERVICES INC

DOCUMENT NUMBER: P20000019669

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

Please return all correspondence concerning this matter to the following:

WARREN REID

Name of Contact Person

REID'S INCOME TAX & COMPUTER SERVICE, LLC

Firm/ Company

5419 NORTH STATE ROAD 7

Address

TAMARAC, FL 33319-2921

City/ State and Zip Code

w.reid1993@gmail.com

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

For further information concerning this matter, please call:

WARREN REID

Name of Contact Person

at (954) 717-0651

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

EXPERT CARE NURSING SERVICES INC

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

P20000019669

(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) its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

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)

1375 GATEWAY BLVD. SUITE 23

BOYNTON BEACH, FL 33426

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

1375 GATEWAY BLVD. SUITE 23

BOYNTON BEACH, FL 33426

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

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

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)(e), F.S.

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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 he holds. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PT 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) <input type="checkbox"/> Change	<u>VP</u>	<u>EDWARDS, DANIELLE M</u>	<u>204 TYBEE CIRCLE</u>
<input checked="" type="checkbox"/> Add			<u>BOYNTON BEACH, FL 33436</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>FRASER, CARL</u>	<u>204 TYBEE CIRCLE</u>
<input type="checkbox"/> Add			<u>BOYNTON BEACH, FL 33436</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<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

03/20/2020

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

04/20/2020

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

04/20/2020

Dated _____

Signature Michelle Grey Fraser
(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)

MICHELLE A GREY FRASER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)