## P20 0000 52257

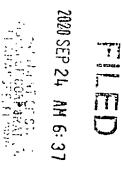
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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HOV 03.2020 S. YOUNG

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CTC Home Health Care, Inc

DOCUMENT NUMBER: PODOCO 5257

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

Please return all correspondence concerning this matter to the following:

Criscilla Anderson
Name of Contact Person

CTC Home Health Care Inc
Firm/ Company

4375 Confederate Pont RD, APT 9 6

Address

Tacksonille, FL 32210

City/ State and Zip Code

Ctchonehealthcare acmail. com

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

For further information concerning this matter, please call:

Criscillo Anderson at 904 361-1734

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 Set Certificate of Status Certified Copy (Additional copy is enclosed)

\$35 Filing Fee Certificate of Status (Additional copy is enclosed)

\$43.75 Filing Fee 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

(Name of Corporation as currently filed with the Florida Dept. of State)
P2000052357
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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
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 Many Desistant Arout if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Expenses	re, and sally smi	in, Se as an Aaa.	
Example: X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
_X Add	SV Sally	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	CEO	Criscilla Anderson	4375 Confederate Rint Road,
<mark>√.</mark> ∧dd			Apt 96
Remove			Jacksmuille, FL 32210
2) Change	CEO	Tineka Wilson	3392 Bradky Creek Phuz
Add			Greencare Springs, FL 32043
Remove Change	CEO	Cristal Strand	SOFO Playpen Drive, M+14
<u></u> ✓ Add		S	Jacksonville, FL 32210
Remove			
4) Change	$\frac{1}{2}$	Marquia Jones	3392 Bradley Creek Pruy
<u></u> ✓ Add			Greencine Springs, FL3043
Remove		0 01 1	
5) Change		Cary Strov d	5000 Playper Drive, wit 14
$\bigwedge \Lambda dd$			Jacksmulle, FL32210
Remove	C	0 . 0	<u> </u>
6) Change		Amie Roberts	4375 Confederate Point Rd
<u></u> ∧dd			Ap+96
Remove			Jocksonulle, FL32210

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NIA	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
NIA	
N_H	



The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 9-21-202   (no more than 90 days after amendment file days)	(IP)
Note: If the date inserted in this block does not meet the applicable statutory filing requiremed 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 share action was not required.	eholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendments.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
Dated 9-21-2020	
Signature (By a director, president or other officer – if directors or officers have selected, by an incorporator – if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	