

Division of Corporations Electronic Filing Cover Sheet

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(((H23000174385 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057 Phone : (813)280-1256

Fax Number : (813)251-8715

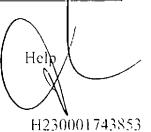
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ___sbaptiste@5starcares.com_

COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTH BAY HOME HEALTH CO.

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Electronic Filing Menu Corporate Filing Menu



Tallahassee, FL 32314

H230001743853

COVER LETTER

TO: Amendment Sec Division of Corp	porations				
NAME OF CORPO	PRATION: NORTH BAY HO	МЕ НЕАЕТН СО.		_	
DOCUMENT NUM	P21000016902			- -	
The enclosed Article.	of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Ghada Skaff				
		Name of Contact Person	1		
	Lieser Skaff Alexander, PLL	С			
Firm' Company					
403 North Howard Ave					
Address					20
Tampa, F1, 33606					23 5
City/ State and Zip Code				 _	1023 MAY 1.0
	sbaptiste@5starcares.com			HAS.	
	E-mail address: (to be us	sed for future annual report	notification)		A
For further information	on concerning this matter, pleas	se call:		S IAIn	8: 35
Ghada Skaff		813 at (280-1256		
Name	of Contact Person		de & Daytime Telephone Ni	ımber	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Danielle Sonntag: Fax: 18132518715 To.
DocuSign Envelope ID: 2029F88D-837C-40A1-BDD0-7D266085EECA

Fnx: (850) 617-6380

Page: 4 of 7

05/10/2023 11:13 AM

H230001743853

Articles of Amendment to Articles of Incorporation of

NORTH BAY HOME HEALTH CO.		
(Name of Corporation a	is currently filed with the Florida Dept. of	[State]
P21000016902		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006. Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adop	ts the following amendment(s) (
A. If amending name, enter the new name of the corpo	oration:	
name must be distinguishable and contain the word "corpo" "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbrevial	"Co". A professional corporation name	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SSS</u>)	202
		post
C. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	<u> </u>	
		<u> </u>
		35 2015
D. If amending the registered agent and/or registered onew registered agent and/or the new registered office		of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	m	orida
gen negative office names.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: a familiar with and accept the obligations of	the position.
Signature	e of New Registered Agent, if changing	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.3	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 Trustec; 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.

X Change	<u>t Tʻi</u>	John Doc		
X Remove	<u>∨</u> <u>1</u>	Mike Jones		
<u>X</u> Add	<u>sv</u> <u>s</u>	Saliy Smuth		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) $\frac{X}{-}$ Change	P	William E. Holland	1101 Ray Charles Blvd	
Add			Unit 1505	
Remove			Tampa, F1, 33602	
2) X Change	VST	Samuel Baptiste	9328 Mandrake Ct.	
Add			Tampa, Fl. 33647	
Remove Change			202 2	
Add			2023 HAY	""}
Remove			AHAS	September Australia
4) Change				
Add				
Remove			35	
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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an amendment provides for an exchange, reclassification, or cancellation of issued share	<u> </u>	
rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
To me approximate the property of the property		
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From: Danielle Sonnthy Fax: 18132518715 To: DocuSign Envelope ID: 2029FB8D-837C-40A1-BDD0-7D266085E	Fax: (850) 617-6380 ECA	Page: 7 of 7 05/10/2023 11:13 AM H230001743853
May 8, 2 The date of each amendment(s) adoption: date this document was signed.	2023	, if other than the
Effective date if applicable:	more than 90 days after amendment file	· datei
(mer a	nort man so day t aget amendment,	
Note: If the date inserted in this block does not meed document's effective date on the Department of State's		ements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the incorp action was not required.	porators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approx		he amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	entitled to vote separately on the ame	
"The number of votes east for the amendmen	ii(s) was/were sufficient for approval	
by	······································	
(voting gre	oup)	
Dated 5/10/2023 Signature Samuel Bapliste (By 30 different president o selected, by an incorporate	or other officer—if directors or officers tor—if in the hands of a receiver, truste at fiduciary)	have not been seen of STE. FI
appointed fiduciary by the Samuel Baptist		8: 35 FL
<u> </u>	for printed name of person signing)	/=/51
(1)	1	
President		
(Title o	of person signing)	