P22000073891

· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)
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DATE:

5/25/23

NAME: CURAE HOME HEALTH AGENCY BROWARD INC.

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CURAE HOME H	EALTH AGENCY BROW	VARD INC.		
	1BER: P22000073891				
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	LEN JOHNSON				
		Name of Contact Perso	n		
	JOHNSON & ASSOCIATES				
		Firm/ Company			
	3600 S STATE RD 7, SUITE	38			
	Address				
	MIRAMAR, FL 33023				
		City/ State and Zip Cod	e		
	lmj@accountant.com				
		sed for future annual report	notification)		
For further informati LEN JOHNSON	on concerning this matter, pleas	se call: at (³⁰⁵	318-1007		
Name	e of Contact Person		de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	S43.75 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		Ameno	Address Iment Section		
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee			
	Habaccoo FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

CURAE HOME HEALTH AGENCY BROWARD INC. (Name of Corporation as currently filed with the Florida Dept. of State) P22000073891 (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: N/A 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." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (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: (City) 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 (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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	SEC	JEAN BAPTIST, JUNIE	6096 ADRIATIC WAY
XAdd			GREENACRE FL 33413
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ch additional sheets, if necessary). (Be specific)
N/A	
·	
	
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·	
	· <u></u>
F. <u>If a</u> r	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A	

The date of each amendmen		, if other than the
date this document was signed Effective date if applicable:	05/24/2023	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholde	r action and shareholder
	re adopted by the shareholders. The number of votes cast for the amendatere sufficient for approval.	nent(s)
	re approved by the shareholders through voting groups. The following stand 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)	
05/23. Dated	72023	
Signature	Ayndie Me telly	
(É	y a director, president or other officer – if directors or officers have not belected, by an incorporator – if in the hands of a receiver, trustee, or other oppointed fiduciary by that fiduciary)	
	SYNDIE METELLUS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	