

To:

Page: 2 of 6

2024-03-22 12:22:34 PDT

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From: Kaity Toon

PA3000031167

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
INTERIM HEALTHCARE OF JACKSONVILLE, INC.**

Certificate of Status	0
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Help

RECEIVED
2024 MAR 22 PM 2:59

FILED
2024 MAR 22 PM 11:24
SECRETARY OF STATE

Articles of Amendment
to
Articles of Incorporation
of

INTERIM HEALTHCARE OF JACKSONVILLE, INC.

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

P93000031167

(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:

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:

(City)

, Florida

(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 (11)(e), F.S.

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CORPORATE SERVICES DIVISION

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

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PD</u>	<u>GLENN REEVES</u>	<u>11663 SPARKLEBERRY LANE</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE, FL 32223</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>SD</u>	<u>BONNIE REEVES</u>	<u>11663 SPARKLEBERRY LANE</u>
<input type="checkbox"/> Add			<u>JACKSONVILLE, FL 32223</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>P</u>	<u>JAMES WESNER</u>	<u>3440 US-1 BLDG.400 SUITE 404</u>
<input checked="" type="checkbox"/> Add			<u>ST AUGUSTINE, FL 32086</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>CFO</u>	<u>PRESTON LUCAS</u>	<u>3440 US-1 BLDG.400 SUITE 404</u>
<input checked="" type="checkbox"/> Add			<u>ST AUGUSTINE, FL 32086</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>CEO</u>	<u>STEVEN ALESSANDRO</u>	<u>3440 US-1 BLDG.400 SUITE 404</u>
<input checked="" type="checkbox"/> Add			<u>ST AUGUSTINE, FL 32086</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>V</u>	<u>JEANNE BYL</u>	<u>3440 US-1 BLDG.400 SUITE 404</u>
<input checked="" type="checkbox"/> Add			<u>ST AUGUSTINE, FL 32086</u>
<input type="checkbox"/> Remove			

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

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.

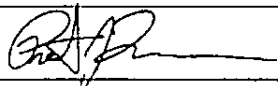
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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)

03/21/2024
Dated _____

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)

PRESTON LUCAS

(Typed or printed name of person signing)

CFO

(Title of person signing)