P.01

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000226603 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: HARRISON, HENDRICKSON & KIRKLAND, P.A.

Account Number : I20010000002 Phone

: (941)746-1167

Fax Number

: (941)746-9229

MOIS 14

BASIC AMENDMENT CHELPING HANDS HOME HEALTHCARE SERVICES, INC. Certificate of Status 0			
SHELPING HANDS HOME HEALTHCARE SERVICES, INC.			
K0163-48	Certificate of Status	0	
	Certified Copy	0	
	Page Count	02	<u> </u>
	Estimated Charge	\$35.00	ŀ

Electronic Filing Manu

Corporate Filing

Public Access Help

11/12/04

https://efile.sunbiz.org/scripts/efilcovr.exe



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 15, 2004

HELPING HANDS HOME HEALTHCARE SERVICES, INC. 1215 BAYSHORE GARDENS PARKWAY BRADENTON, FL 34207

SUBJECT: HELPING HANDS HOME HEALTHCARE SERVICES, INC. REF: P99000003919

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6916.

Carol Mustain Document Specialist FAX Aud. #: H04000226603 Letter Number: 204A00064917

AMENDMENT TO THE ARTICLES OF INCORPORATION

OF

HELPING HANDS HOME HEALTHCARE SERVICES, INC.



The undersigned President of HELPING HANDS HOME HEALTHCARE SERVICES, INC., a Florida corporation organized under the laws of the State of Florida, hereby certify:

- 1. That the name of the corporation is HELPING HANDS HOME HEALTHCARE SERVICES, INC.
 - 2. The Articles of Incorporation of said corporation are amended as follows:

The name of the corporation is hereby changed to "CB THERPHISES, INC." and the previous name of the corporation shall be deleted from the Articles of Incorporation in each and every place where it appears and the new name substituted in place thereof. Said name change shall take effect immediately upon the filing of this Amendment to the Articles of Incorporation.

- 3. In all other respects the Articles of Incorporation are ratified, reaffirmed and remain unchanged.
- 4. The above Amendment to the Articles of Incorporation was adopted by the Directors and Shareholders of the Corporation, by unanimous written consent of the Directors pursuant to Florida Statute §607.0821(1997) and by unanimous written consent of the Shareholders pursuant to Florida Statute §607.0704 on the 8th day of November, 2004.

Director

(Corporate Seal)

H040002266033

H040002266033

STATE OF FLORIDA COUNTY OF MANATEE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County last aforesaid to take acknowledgments, personally appeared CHRISTINE BOWMAN, personally known to me to be the President of HELPING HANDS HOME HEALTHCARE, INC. and that he acknowledged executing the same under authority duly vested in her by said corporation.

WITNESS my hand and official seal in the State and County last aforesaid, this 8th day of November, 2004.

(Notary Seal)

My Commission Expires:

Signature

Jeannine L. Davis

Print Name

NOTARY PUBLIC-STATE OF FLORIDA

Commission No.

H:\j-davis\Bowman\Name change Amendment.doc

