

P99000033744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

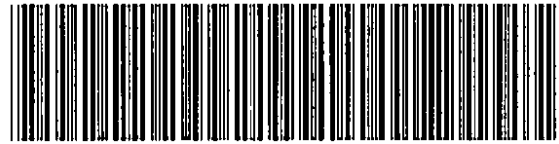
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Alicia Ricketts -
gave permission to correct
the VP (Kanika Ricketts)
- (Remove)

1/23/2020

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2019 DEC 23 PM 3:00

C GOLDEN

JAN 23 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALPHA ALLIED HOME CRE INC

DOCUMENT NUMBER: P99000033744

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

Please return all correspondence concerning this matter to the following:

ALLESTA RICKETTS

Name of Contact Person

ALPHA ALLIED HOME CARE

Firm/ Company

801 NORTHPOINT PARKWAY STE 91

Address

WEST PALM BEACH FLORIDA 33407

City/ State and Zip Code

aaicare@bellsouth.net

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

For further information concerning this matter, please call:

Allesta Ricktts at (561) 386-0747
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

☒ \$43.75 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
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

ALPHA ALLIED HOME CARE INC

2018-10-23 PM 3:00

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

P99000033744

(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:

NA

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)

SAME

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME

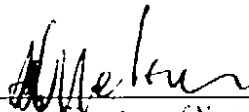
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent DELROY NELSON
8504 46TH DRIVE
(Florida street address)

New Registered Office Address: CORAL SPRINGS, Florida 33067
(City) (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

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	P/S/T	ALLESTA RICKETTS	3826 PASEO NAVARRA
<input type="checkbox"/> Add			WPB FL 33405
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VP	KANIKA RICKETTS	1638 44TH ST
<input type="checkbox"/> Add			WPB FL 33407
<input checked="" type="checkbox"/> Remove			3452 CYPRESS TRAIL APT G10
3) <input type="checkbox"/> Change	P/S	RUBENA H JOHNSON	WPB FL 33417
<input checked="" type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	VP/T	DELROY NELSON	8501 NW 46TH DRIVE
<input checked="" type="checkbox"/> Add			CORAL SPRINGS FL 33067
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

ALPHA ALLIED HOME CARE INC AND ITS SHARES IS BEING SOLD TO RUBENA JOHNSON

AND DELROY NELSON

ALLESTA RICKETTS AND KANIKA RICKETTS WILL NO LONGER BE SHARE HOLDERS IN THIS
CORPORATION AND DELROY NELSON AND RUBENA JOHNSON IS NOW MARJORITY OWNERS
AND EACH IS NOW 50% SHAREHOLDERS .

THEY WILL SERVE AS PRESIDENT /SECRETARY & VICE PRESIDENT /TREASURER

DELROY NELSON WILL NOW SERVE AS THE REGISTERED AGENT

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

NA

The date of each amendment(s) adoption: NOVEMBER 9TH, if other than the
date this document was signed.

Effective date if applicable: JANUARY 13, 2020
(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 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 ALLESTA & KANIKA RICKETTS
(voting group)"

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOVEMBER 20TH 2019

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)

ALLESTA RICKETTS
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)