

P99000033744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

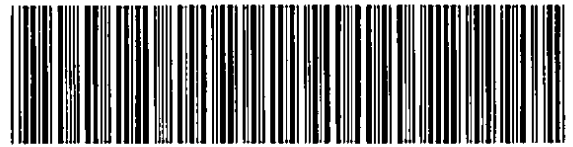
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS
WASHINGTON, DC 20540

2020 MAR 24 AM 8:05

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APR 08 2020

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Alpha Allied Home Care Inc
DOCUMENT NUMBER: P 99000033744

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

Please return all correspondence concerning this matter to the following:

Althea Ricketts RN
Name of Contact Person
Alpha Allied Home Care Inc
Firm/ Company
801 Northpoint PK way ste 91
Address
WPB FL 33407
City/ State and Zip Code
gaicare@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Althea Ricketts 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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Almed Home Care Inc

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

P 99000033744

(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)

N/A

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

N/A

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

Allegria Ricketts

3526 Paseo Navarra WPB

(Florida street address)

New Registered Office Address:

WPB

(City)

Florida

33405

(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]

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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CORPORATION DIVISION

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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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PS</u>	<u>Rubena Johnson</u>	<u>3452 Cypress Trail</u> <u>APT G-108.</u> <u>WPB FL 33417</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add			
3) <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Delroy Nelson</u>	<u>8505 46th Drive</u> <u>Coral Springs</u> <u>FL - 33067</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PST</u>	<u>Alhesta Ricketts</u>	<u>3826 Ponce de Leon</u> <u>WPB FL 33405</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Kanika Ricketts</u>	<u>1638th 44th St</u> <u>WPB FL 33407</u>
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)

Prior purchase agreement was voided
by the Purchaser and no longer involved
with this Corporation.

**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)

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

Effective date if applicable: Feb. 28th 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 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)

Dated 2/28/2020

Signature ARICKS
(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)

Allista Rickett
(Typed or printed name of person signing)

President
(Title of person signing)

ALPHA ALLIED HOME CARE INC.

Personal Quality Care

801 North Point Parkway STE 91

Phone #: (561)721-6453721

West Palm Beach, FL. 33407

Fax#: (561)7216454

Email: aahcare@bellsouth.net

March 7, 2020

Division of Corporations

RE: Document #: -P99000033744

Po box 6327, Tallahassee FL. 32314

Dear sir/Madam

This is to inform you that the sale of Alpha Allied Home Care Inc has been cancelled by the prior purchasers. The Amendment page is attached.

100% of the shareholders will return to the previous owners, effective March 7, 2020 and will no longer be involved as a shareholder with this corporation.

The changes are indicated below as well as the attached and completed Article of Amendment form.
Current Registered Agent.:

- Delroy Nelson: Vice President /Treasurer
- Address: 8505 NW 46th Drive, Coral Springs FL, 33067

New Registered Agent.

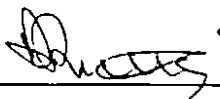
- Allesta Ricketts -President/Secretary
- Address 3826 Paseo Navarra WPB, FL 33405

New Shareholders:

- Allesta Ricketts -President/Secretary 75%
- Address 3826 Paseo Navarra WPB, FL 33405
- Kanika Ricketts-Vice President/Treasurer -25%
- Address: 1638 44th St WPB FL 33407

For further questions and concerns, please contact me at the above address or at 561-386-0747

Sincerely



Allesta Ricketts (Current President and Registered Agent)