P16000070662

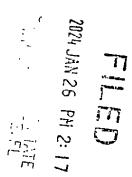
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Galaxy Home Hea	Ith Care Inc.	
DOCUMENT NUM	BER: P16000070662		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Gissel Chang		
		Name of Contact Persor	
		Firm/ Company	
	1013 Joel Blvd		
		Address	
	Lehigh Acres FL 33936		
		City/ State and Zip Code	:
	galaxyhomehealthcare@yaho	oo.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Gissel Chang		at (⁷⁸⁶	317-0375 de & Daytime Telephone Number
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

•	AT ILLIES OF THE	orporation		~	_
	of				11 -
alaxy Home Health Care Inc.				2021	"LED
(Name of Corporation	on as currenti	y filed wi <u>th t</u>	he Florida D	ept. of State)	20
Galaxy Home Health Care Inc. (Name of Corporation 16000070662				U.S	- PA 2.
	nent Number of				
Pursuant to the provisions of section 607.1006, Floridats Articles of Incorporation:	Statutes, this	Florida Profi	t Corporation	adopts the fo	llowing amendment
A. If amending name, enter the new name of the co	orporation:				
Galaxy Behavior Therapy Inc.					The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A	l professiona			reviation "Corp.,"
B. Enter new principal office address, if applicable	<u>::</u>				
Principal office address MUST BE A STREET ADD					-
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>(X</u>)				
			· 		
					
D. If amending the registered agent and/or register			la, enter the i	name of the	
new registered agent and/or the new registered	office address:	<u>:</u>			
Name of New Registered Agent	<u></u>				
	(Florida str	eet address)			
New Registered Office Address:				. Florida	
New Registerea Office Address.		(City)		, riorida	(Zip Code)
New Registered Agent's Signature, if changing Reg	istered Agent:				
hereby accept the appointment as registered agent.	l am familiar w	vith and acce	pt the obligati	ons of the pos	sition.
- Ciana	ature of New Re	anistand A	mt if above:	<i>-</i>	

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	<u>e</u>		
X Remove	Y	Mike Jor	nes .		
X Add	<u>sv</u>	Sally Sm	<u>iith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		Address
1) Change		_		1.41.4	
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					
Remove					
4) Change		_	_		
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change					
Add		_			
					
Remove					

	(Be specific)
	·
······································	
 	
f an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

•

late this document was signed.	2024
1/19/ Effective date <u>if applicable</u> :	2024
meenve date <u>ii applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
Dated <i>O_</i>	119/2024 Lissel (hang
Signature	Ciscel/hang
(By a di	rector, president or other officer - if directors or officers have not been
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
,	Gissel Chang
-	(Typed or printed name of person signing)
	Омлег

(Title of person signing)