## P19000 037 997

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(A	ddress)	
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2019 OCT -7 PH 3: 45

C. GOLDEN CCT 2.1 ZD

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CYCHIATRIC CC	ONSULTANTS, INC.	
	ER: P19000037997		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
		SANDY MACAULAY	
		Name of Contact Person	3
	DAVY & ASSO	OCIATES ACCOUNTING	AND TAX, INC.
		Firm/ Company	
		5321 1ST AVE S	
		Address	
	:	ST PETERSBURG, FL 331	707
		City/ State and Zip Cod	e
		·	
SANI	DY@DAVYSACCOUNTING		
	f:-mail address: (to be u	sed for future annual report	notification)
For further information	o concerning this matter, pleas	se call:	
SANDY MACAULA	Υ.	727	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Taliahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

2019 (\*C) T - 7 PH 3: 45

## CYCHIATRIC CONSULTANTS, INC.

P1900003	37997
(Document Number o	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment
If amending name, enter the new name of the corporation:	
ime must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or ord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	202 S PARKER ST UNIT 254
Principal office address MUST BE A STREET ADDRESS )	TAMPA, FL 33606
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	202 S PARKER ST UNIT 254
	TAMPA, FL 33606
(Mailing address <u>MAY BE A POST OFFICE BOX)</u>	TAMPA, F1. 33606
	TAMPA, FL 33606  Iress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address registered agent and/or the new registered office address	TAMPA, FL 33606  Iress in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address registered agent and/or the new registered office address	TAMPA, Fl. 33606  Iress in Florida, enter the name of the os:
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address registered agent and/or the new registered office address Same of New Registered Agent	TAMPA, Fl. 33606  Iress in Florida, enter the name of the os:
(Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address registered agent and/or the new registered office address Same of New Registered Agent	TAMPA, Fl. 33606  Iress in Florida, enter the name of the os:

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 Doc 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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{V}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			····
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
- CM			
6) Change			
Add			
Remove			

N/A	wadditional sheets, if necessary). (Be specific)
_	
. <u>If a</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	isions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
8/A	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	,
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
9/23/2019 Dated Signature	Rand	
(By a selec	director, president ar other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	KAVEH GHAEDI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	