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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	***************************************	HERAPY KIDS SERVICE	S INC
DOCUMENT SHIM	P21000050933		
DOCUMENT NUM	BEK;	.	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ADRIANA ABREU		
		Name of Contact Person	1
	Adriana Abreu		
	3831 W Vine St Ste 147 - 148	Firm/ Company	
	KISSIMMEE FL 34741	Address	
	City/ State and Zip Code		
	aba.adventtherapykidsservices@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
ADRIANA ABREU		407 at (2835906
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Div P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

ABA ADVENT THERAPY KIDS SERVICES INC

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

(Name of Corporation as current	tly filed with the Florida Dept. of State)	
	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this		ng amendment(s):
its Articles of Incorporation:	Tronau Proju Corporation adopts the following	ig amenament(3)
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," ' "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must conta	
B. Enter new principal office address, if applicable:	3831 W Vine St Ste 147-148	
(Principal office address MUST BE A STREET ADDRESS)	Kisimmee FL 34741	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3831 W Vine St Ste 18	
	Kisimmee FL 34741	
		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres		
Name of New Registered Agent		_
		_
	reet address)	
New Registered Office Address:	(City) , Florida	Code)
		21
New Registered Agent's Signature, if changing Registered Agen	t:	\$==
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position		21 July 29
		<u> </u>
Signature of New I	Registered Agent, if changing	- (
· ·	- · • • •	2
Check if applicable		

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One)	P	ABREU. ADRIANA	3831 W VINE ST STE 147-148
1) Change			KISSIMMEE FL 34741
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
, Add			
Remove			
5) Change			
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6) Change			
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Remove			

Attach additional sheets, if necessary).	(Ве ѕресіліс)
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06/23/2021

	ach amendment(s) adoption:	If other than the
date this docu	mem was signed.	
Effective date	e if applicable:	
	e <u>if applicable</u> : (no more than 90 days after amendment file date)	
	date inserted in this block does not meet the applicable statutory filing requirements, this daffective date on the Department of State's records.	ate will not be listed as the
Adoption of A	Amendment(s) (<u>CHECK ONE</u>)	
	Iment(s) was/were adopted by the incorporators, or board of directors without shareholder actinot required.	on and shareholder
	Iment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(reholders was/were sufficient for approval.	s)
	lment(s) was/were approved by the shareholders through voting groups. The following statem parately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The	number of votes cast for the amendment(s) was/were sufficient for approval	
by_	. "	
-, _	(voting group)	
	06/23/2021	
	Dated	
	Signature Odrieva	
	(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 cou	1
	appointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	<u> </u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	