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January 3, 2018

## FLORIDA DEPARTMENT OF STATE

A CAREER COUNSELING CENTER INC. Division of Corporations 2000 S. DIXIE HIGHWAY

SUITE 103

COCONUT GROVE, FL 33133

SUBJECT: A CAREER COUNSELING CENTER INC.

REF: K97786

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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PHYSICIANS DEVELOPMENT, LLC - L99000006752

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

FAX Aud. #: E18000001720 Letter Number: 418A00000077

18.18.4 -5 PN N: 35

P.O BOX 6327 - Tallahussee, Florida 32314

## Articles of Amendment to Articles of Incorporation of

A Curcer	Counseling Center Inc.
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
K97786	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profu Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
Physicians Development Program Inc.	The new
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or the designation "Corp.," "Inc.," or the abbreviated "chartered," "professional association," or the abbreviated "chartered," "professional association," or the abbreviated "Charter new principal office address, if applicable:  (Principal office address: MUST BE A STREET ADDRESS  C. Enter new mailing address, if applicable:  (Mailing address: MAY BE A POST OFFICE BOX)	
	<u></u>
D. If amending the registered agent and/or registered of	fice address in florida, eater the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	A A
	lorida street address)
New Registered Office Address:	(City) , Florids (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am J	

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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 Cterk; CEO - Chief Executive Officer; CFO = Chief rinancial Officer. If un 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: <u> PT</u> <u> John Doe</u> X Change <u>v</u> Mike Jones X Remove Sally Smith <u>SV</u> <u>X</u> Add <u>Addres</u>s Name Title Type of Action (Check One) 1) \_\_\_\_Change \_\_\_\_ Add \_\_\_\_ Remove 2) \_\_\_\_ Change \_\_ \_ Add \_\_\_\_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove Change \_\_\_\_ Add \_\_\_\_ Кеточе 6) \_\_\_\_ Change \_\_\_ A dd

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\_\_ Remove

сияси симиничен эпесия, у пессиялитур.	icles, enter chauge(s) here: (Be specific)
Can amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	condense if not contained in the amendment itself;
(if not applicable, indicate N/4)	

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	, if other than the
The date of each amendment(s) adopted this document was signed.	ouoa:
Effective date if applicable:	L. Cl. due)
Difference of the second	(no more than 90 days ofter amendment file date)
Note: If the date inserted in this blo document's effective date on the Dept	ck does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
State amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) fielent for approval.
The amendment(s) westwere appropriate the separately provided for the separately provi	oved by the shareholders through voting groups. The following statement such voting group entitled to vote septuately an the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
o,	(voting group)
The amendment(s) was/were according was not required.	pted by the board of directors without shureholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated	1/3/2018
Signature X	Jun arm (1)
//hansa	lirector, president or other officer - if directors or officers have not been
soleate	d, by an incorporator - if in the hands of a receiver, trustee, or other court
appoir	ned fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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