## N0000000641

| (Requestor's Name)                        |          |
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| (City/State/Zip/Phone #)                  |          |
| PICK-UP WAIT M                            | IAIL     |
|   |          |
| (Business Entity Name)                    |          |
|   |          |
| (Document Number)                         |          |
| Certified Copies Certificates of Status _ |          |
| · <del></del>                             |          |
| Special Instructions to Filing Officer:   |          |
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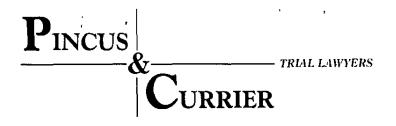
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## COYER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO                          | RATION: Professional Traini                 | ng Association Co                       | orporation |  |   |
|--|---|---|------------|--|---|
| DOCUMENT NUM                           | N00000006241                                |   |            |  |   |
| The enclosed Articles                  | of Amendment and fee are su                 | bmitted for filing.                     |            | •  |   |
| Please return all corre                | spondence concerning this man               | ter to the followin                     | ig:        |  |   |
|  | Mitchell Wallick                            |   |            | . '  |   |
|  |   | Name of Contr                           | ct Person  |  |   |
|  | c/o Professional Training As                | sociation Corpora                       | tion       |  |   |
|  |   | Firm/ Con                               | npany      |  |   |
|  | 321 Northlake Blvd. 102                     |   |            |  |   |
|  |   | Addre                                   | SS         |  |   |
| • ′ .                                  | North Palm Beach, Plorida 3                 | 3408                                    |            |  |   |
|  |   | City/ State and                         | Zip Code   |  |   |
| mito                                   | hw@careflorida.com                          | •                                       |            |  |   |
| <del></del>                            | E-mail address: (to be us                   | sed for future annu                     | al report  | notification)  |   |
|  |   | ,                                       |            |  |   |
| For further information                | on concerning this matter, pleas            | se call:                                |            | •  |   |
| Mitchell Wallick                       |   | at 1                                    | 561        | 494-0866   |   |
| Name                                   | of Contact Person                           |   | Area Co    | de & Daytime Telephone Number  | _ |
| Enclosed is a check f                  | or the following amount made                | payable to the Flo                      | rida Depa  | riment of State:   |   |
|  |   |   | •          |  |   |
| \$35 Filing Fee                        | ☐\$43.75 Filing Fee & Certificate of Status | Certified Cor<br>(Additional conclosed) | by .       | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |   |
| Ma                                     | illing Address                              |   | Street     | Address  |   |
| Amendment Section                      |   | Street Address Amendment Section        |            |  |   |
| Division of Corporations               |   | Division of Corporations                |            |  |   |
| P.O. Box 6327<br>Tallahassee, FL 32314 |   | Clifton Building                        |            |  |   |
|  |   | 2661 Executive Center Circle            |            |  |   |

Tallahassee, FL 32301



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Associate
MCAMPBELL@PINCUSANDCURRIER.COM

July 22, 2015

Florida Department of State Division of Corporations Attn: Annette Ramsey P.O. Box 6327 Tallahassee, FL 32314

RE: Help An Addict, Inc. / Reference No. N10000007824
Professional Training Association Corporation / Reference No. N00000006241

Dear Ms. Ramsey,

We are in receipt of your letters dated July 1, 2015 regarding Help An Addict, Inc. (Letter No. 315A00013845) and Professional Training Association Corporation (Letter No. 015A00013865). Pursuant to your instructions within these letters, we have completed and executed the correct forms to amend the articles of incorporation for each entity. Enclosed herein please find copies of the following:

- 1. July 1, 2015 letter from you to Professional Training Association Corporation (Reference No. N00000006241; Letter No. 015A00013865);
- 2. July 1, 2015 letter from you to Help An Addict, Inc. (Reference No. N10000007824; Letter No. 315A00013845);
- 3. Amendment to the Articles of Incorporation of Professional Training Association Corporation; and
- 4. Amendment to the Articles of Incorporation of Help An Addict, Inc.

Please contact my office at the above number if you have any questions. Thank you for your attention to this matter.

Very truly yours,

Melanie L. Campbell

MLC/cc

Enclosures

cc: Help an Addict, Inc. (via e-mail, with enclosures)

Professional Training Association Corporation (via e-mail, with enclosures)

FILED

## Articles of Amendment to Articles of Incorporation of

MIS JUL 24 PM 38 14

Professional Training Association Corporation (Name of Corporation as currently filed with the Florida Dept of State) N00000006241 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NA name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) 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: James L. Weintraub, Esq. Name of New Registered Agent: 470 Hardwood Place (Florida sirvei address) New Registered Office Address: Florida 33431 Boca Raton (City) (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.

Page 1 of 4

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 X Remove X Add | <u>Y M</u> i | hn Doe<br>ike Jones<br>Ilv Smith |  |
|----------------------------------|--------------|----------------------------------|--|
| Type of Action<br>(Check One)    | Title        | Name                             | Address                                  |
| 1)Change                         | SD           | Aimee Wallick                    | 8568 NW 28th Court                       |
| Add                              |              |                                  | Coral Springs, FL 33065                  |
| X Remove                         |              |                                  |  |
| 2) Change                        | D            | Sally Beers                      | 321 Northlake Blvd.                      |
| Add                              |              |                                  | North Palm Beach, FL 33408               |
| X Remove                         |              |                                  |  |
| 3) Change                        |              |                                  | 40-100-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| Add                              |              |                                  |  |
| Remove                           |              |                                  |  |
| 4) Change                        |              |                                  |  |
| Add                              |              | •                                | ,  |
| Remove                           | • •          |                                  |  |
| 5) Change                        |              |                                  | -  |
| Add                              |              |                                  |  |
| Remove                           |              |                                  |  |
| 6)Change                         |              |                                  |  |
| Add                              |              |                                  | , , , , , , , , , , , , , , , , , , ,    |
| Remove                           |              |                                  |  |

| E. If amending or adding additional Articles, enter change(s) here:  (attach additional sheets, if necessary). (Be specific) |   |
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|     | date of each amend<br>this document was s |   | , if other than the |
|-----|---|---|---------------------|
|     | ctive date <u>if applica</u>              | June 8, 2015<br>ble:  | ·                   |
|     | . ,                                       | (no more than 90 days after amendment file date)  |                     |
|     |   | I in this block does not meet the applicable statutory filing requirements, this date will not be not the Department of State's records.  | listed as the       |
| ١d٥ | ption of Amendmen                         | et(s) (CHECK ONE)   |                     |
|     | The amendment(s) was/were sufficient      | was/were adopted by the members and the number of votes cast for the amendment(s) for approval.   |                     |
|     | There are no member adopted by the boar   | ers or members entitled to vote on the amendment(s). The amendment(s) was/were rd of directors.   |                     |
|     | Dated                                     | July 20, 2013   |                     |
|     | Signature                                 | MA  | _                   |
|     |   | By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |                     |
|     |   | Mitchell Wallick  | :                   |
|     | ·   | (Typed or printed name of person signing)   |                     |
|     |   | President of Professional Training Association Corporation  |                     |
|     |   | (Title of person signing)   |                     |