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COVER LETTER .

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Focus Cour	seling and Consulting, Inc.			
DOCUMENT NUMBER: NO7000003	3			
The enclosed Articles of Amendment and fee are submitte				
Please return all correspondence concerning this matter to	the following:			
Michael Henry (Na				
/ (Na	me of Contact Person)			
Ficus	(Firm/ Company)			
	(Firm/ Company)			
434 N. Meander Dr.				
	(Address)			
Altamonte Springs, FL.	3271 4 // State and Zip Code)			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Julie Henry	at (407) 721-5259 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made payable	e to the Florida Department of State:			
(4	13.75 Filing Fee & Certified Copy Additional copy is nclosed) Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section	Street Address Amendment Section			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(THE OF COIPCIANTON AS CHIEF THE	and Consulting, Inc. 15 FEB 20 AH 9:
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(Documen	nt Number of Corporation (if known)
suant to the provisions of section 617.1006, endment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Not For Profit Corporation adopts the following
If amending name, enter the new name o	f the corporation:
Lake Mary Thera	py Associates Inc. The new
ne must be distinguishable and contain the opportunity or "Co." may not be used in the r	Py Associates Inc. The new word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc."
•	plicable: 766 N. Sun Dr. Suite 1060 ETADDRESS) Lake Mary, FL.
incipal office address <u>most be ASTREE</u>	Lake Mary FL
	32746
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	CEBOX) SAme: 434 N. Meander Dr.
	Altamonte, Fr. 32714
	registered office address in Florida, enter the name of the
If amending the registered agent and/or new registered agent and/or the new regi	istered office address:
	istered office address:
new registered agent and/or the new regi	~/A
new registered agent and/or the new regi	(Florida strees address)
new registered agent and/or the new regi	(Florida strees address)
new registered agent and/or the new regi	~/A
new registered agent and/or the new reginal Name of New Registered Agent: New Registered Office Address:	(Florida street address) A , Florida (City) (Zip Code)
new registered agent and/or the new regi Name of New Registered Agent: New Registered Office Address: WRegistered Agent's Signature, if changi	(Florida street address) A , Florida (City) (Zip Code)

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 <math>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>V</u> <u>Mike</u>	Doe E Jones & Smith	7
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add			
Remove			/
2) Change			
Add			
Remove		. /	
3) Change		-\X	.
Add		5/	
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)			
(attach additional sheets, if necessary).	(Be specific)		
I.			
NA			
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The date of each amendment(s) ado	ption: 02/16/2015		, if other than the
late this document was signed. Effective date if applicable:	02/16/2015	SECRETARY DIVISION OF CO	if other than the OF STATE REPORTED HE
mente date in applicable.	(no more than 90 days after amendment file date)	15 FEB 20	AM 9: 39
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for th	e amendment(s)	
There are no members or member adopted by the board of directors	rs entitled to vote on the amendment(s). The amendments.	it(s) was/were	
Dated 02/13	3/2015		
Signature	MAEN		
	an or vice chairman of the board, president or other office selected, by an incorporator — if in the hands of a receive		
	pointed fiduciary by that fiduciary)	rei, trustee, or	
Mich	Gel Henry Typed or printed name of person signing)		
C	Typed or printed name of person signing)		
Presi	ident		
	(Title of person signing)		