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COVERLETTER

TO: Amendment Section **Division of Corporations**

PALM BREEZE YONG PALM B	DUTH SERVICES, E	NC.	
N08000008146			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Ken Van Nortwick			
	(Name of Contact P	erson)	
N08000008146			
	(Firm/ Company	v)	
PO BOX 357582			
	(Address)		
GAINESVILLE, FL 32635			
-	(City/ State and Zip	Code)	
ken@proink.com			
E-mail address: (to be use	d for future annual re	port notificatio	n)
For further information concerning this matter, please	call:		
Ken Van Nortwick	je.	352	339-1746
(Name of Contact Persor	1)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made p	ayable to the Florida	Department of	State:
\$35 Filing Fee \$\Bigcit \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Centif is Centif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section Division of Corporations	Ar	reet Address nendment Sect vision of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida	Dept. of State)	
PALM BREEZE YOUTH SERVICES, INC. NO80000	008146	
(Document Num	ber of Corporation (if kno	wn)
Pursuant to the provisions of section 617,1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For	Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ntion:	
N/A		The new
name must be distinguishable and contain the word "corpore" ("Company" or "Co." may not be used in the name.	ation" or "incorporated"	or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2021
C. Enter new mailing address, if applicable:	N:U N	
(Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
		me =
D. If amending the registered agent and/or registered off		nter the name of the
new registered agent and/or the new registered office	address:	
Name of New Registered Agent: N/A		
None Designation of Officer Addresses	(Flor	ida street address)
<u>New Registered Office Address:</u>		
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo		ne obligations of the position.
	Signature of New Register	ed Agent, if changing

if amending the Unicers 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	PT John Do V Mike Jo SV Sally Si	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change Add	<u>D</u>	Lavetta Palmer	PO Box 357582 Gainesville, 32635
x Remove			
2) Change Add	<u>D</u>	John E. Browning	PO Box 357582 Gainesville FL, 32635
Remove 3) Remove 4 Add x Remove	<u>D</u>	John Alexander	PO BOX 357582 Gainesville FL, 32635
4)	<u>C</u>	Ken Van Nortwick	PO BOX 357582 Gainesville FL, 32635
Remove 5) Change × Add	<u>V</u>	Timothy McLendon	PO BOX 357582 5 T
Remove 6) Change Add			AM D
Remove			<u> </u>
E. <u>If amending or addir</u> (attach additional shee		icles, enter change(s) here: (Be specific)	

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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amer	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be listed as the

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s)

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

	06/29/2022
Dated _	· · · · · · · · · · · · · · · · · · ·
Signature _	tu
1	by the chairman of 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)
	Ken Van Nortwick
	(Typed or printed name of person signing)
	Chair
	(Title of person signing)

■ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.

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