N10000001760

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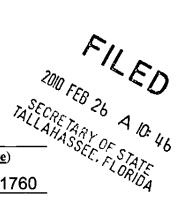
Amend Thewis 3-1-10

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Bay Area Beha	<u>vioral</u>	Network Inc.	
DOCUMENT NUM	1BER: N10000001760			
The enclosed Article	es of Amendment and fee are sub	nitted fo	r filing.	
Please return all corn	respondence concerning this matte	er to the	following:	
	Steven			·
	(Name of	Contact I	³ erson)	
	Bay Area Beha	avioral	Network Inc.	
	(Firm/	Compar	ny)	-
	135 North	Moon A	Avenue	
	(A	ddress)		
	Brandon,	Florida	33510	
	(City/ State	and Zip	Code)	 _
	sfriedman@b E-mail address: (to be used	abeha for futu	vioral.com re annual report notific	cation)
For further informati	on concerning this matter, please	call:		
Steven G. Friedn	nan	at (813) 689-88	28
(Name	e of Contact Person)	((Area Code & Dayti	28 ime Telephone Number)
Enclosed is a check	for the following amount made pa	yable to	the Florida Departmer	nt of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	Certif	,	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Florida Dept. of State)

Bay Area Behavioral Network Inc. Document # N10000001760

(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:

e new name must be distinguishable and con	/A - See E	"corporation" or "in	corporated" or the
breviation "Corp." or "Inc." "Company" or			os, po, area o, me
Enter new principal office address, if appli rincipal office address MUST BE A STREET		N/A - See E	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CE BOX)	N/A - See E	
If amending the registered agent and/or renew registered agent and/or the new registered Agent:	tered office ad		nter the name of th
new registered agent and/or the new registered	tered office ad	dress:	nter the name of th
new registered agent and/or the new registered	tered office ad N	dress: /A - See E	nter the name of th
new registered agent and/or the new registered Agent:	tered office ad N	dress: /A - See E N/A See E	nter the name of th
Name of New Registered Agent:	tered office ad N	dress: /A - See E N/A See E	

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>N/A</u>	N/A - See E		☐ Add ☐ Remove
<u>N/A</u>	N/A - See E		☐ Add ☐ Remove
<u>N/A</u>	N/A - See E		☐ Add ☐ Remove
(attach addii	z or adding additional Articles, enter cional sheets, if necessary). (Be specific	:)	<u>.</u>
In the event	of the dissolution of this Corporation	on, or in the event it shall ce	ase to carry
out the object	ets and purposes herein set forth, a	all the business, property an	d assets of
this Corpora	tion shall go and be distributed to	such non-profit entities as ar	e exempt
under 501(c	(3) of the Code, as may be select	ed by the Board of Directors	of this
Corporation	so that the business properties an	d assets of this Corporation	shall then be
used for, and	d devoted to, social service/behavi	oral health-care purposes. I	n no way shall
any of the as	ssets or property of this Corporatio	n, in the event or dissolution	go either for
the reimburs	ement of any sums subscribed, do	onated or contributed by the	member, or any
other such p	urpose, it being the intent. In the e	event of the dissolution of thi	s Corporation,
	easing to carry out the object and		
owned by th	e Corporation shall be devoted ex	clusively to social services/b	ehavioral
health-care	purposes.		

The date of each amendment	t(s) adoption: 2/23/2010
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
hav	the chairman or vice chairman of the board, president or other officer-if director on the been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary) Steven G. Friedman
	(Typed or printed name of person signing)
	President-Executive Director (Title of person signing)