## N11000003658

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

	RATION: Alliant Hun		f Florida, Inc.	-
DOCUMENT NUMI	BER: 111100000200			_
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
•	Heather Rehberg	J		
		Name of Contact Per		
	Alliant Human Se	ervices of Florid	da, Inc.	
		Firm/ Company		
	274 Diamond Ric	lge Blvd		
		Address		
	Lakeland, FL 338			
		City/ State and Zip C	ode	
hea	ather.rehberg@all	iantservices.or	g	
	E-mail address: (to be us			•
For further information	n concerning this matter, pleas	se call:		
Heather Rehberg		at (321	, 480-9002	
Name o	of Contact Person		Code & Daytime Telephone Nu	mber
Enclosed is a check fo	r the following amount made	payable to the Florida Do	epartment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	E\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	13 OCT SECREI TALLAH <i>I</i>
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ame Divi Clift 266	et Address endment Section sion of Corporations ton Building I Executive Center Circle ahassee, FL 32301	TARY OF STATE

## Articles of Amendment to Articles of Incorporation of

Alliant Human Services of Florida, Inc.	
(Name of Corporation as currently filed with the	Florida Dept. of State)
N11000002658	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Alliant Counseling Services, Inc.	The work
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	255 N. Grove Street Suite C
	Merritt Island, FL 32953
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	255 N. Grove Street Suite C
	Merritt Island, FL 32953
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida sti	reet address) i.
New Registered Office Address:(City,	Florida Zip Code C
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.
Signature of New Registered	
orginal of the hogistered	

## 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:	rre, una sa	my omin, or as an naa.			
X Change	PT	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	Р	Diana Busbin McCarley	274 Diamond Ridge Blvd		
Add			Auburndale, FL 33823		
X Remove					
2) Change	Р	Michael Lake	803 Gardener Road		
X Add			Rockledge, FL 32955		
Remove	S	Heather Rehberg	1252 Curry Dell Lane		
3) Change	<u> </u>				
Add			Merritt Island, FL 32952		
X Remove					
4) Change	S	Kathryn Parker	1973 Palmer Road		
X Add			Melbourne, FL 32935		
Remove			TALL		
			CRETA AHA		
5) Change			SSE D		
Add					
Remove			- <u> </u>		
6) Change			****		
Add					
Remove					

Attach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
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	<del></del>
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· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:

The date of each amendment(s) adoption: 10/01/2013	, i	f other tha	ın th
date this document was signed.  10/01/2013			
Effective date if applicable:  (no more than 90 days after amendment file date)			
Adoption of Amendment(s) (CHECK ONE)			
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.			
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):			
"The number of votes cast for the amendment(s) was/were sufficient for approval			
by			
(voting group)			
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.</li> </ul>			
Dated 10 2 13			
Signature ///// / TYO QSUVEY			
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)			
Heather Rehberg			
(Typed or printed name of person signing)			
Treasurer	₹		
(Title of person signing)	SECRETARY OF STATE	10 F	