N12657

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Florida Chapter, International Association of Psychosocial Rehabilitation Services, Inc.
DOCUMENT NUMBER: N/2657
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sharon Wiss-Jacob (Name of Contact Person)
Florida Chapter Psychiatric Rehabilitation Associat
1736 Oakhurst Ave (Address)
Winter Park FL 32789 (City/State/and Zip Code)
For further information concerning this matter, please call:
Sharon Wiss-Jacob at (321) 397-3000 x 261 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$\tag{S43.75 Filing Fee & Certificate of Status}\$\tag{Certified Copy & Certificate of Status (Additional copy is enclosed)}\$\tag{Additional Copy is enclosed}\$\tag{Additional Copy is enclosed}\$Additional
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to Articles of Incorporation of

Flovida Chapter International Association of Psychological (Name of corporation as currently filed with the Florida Dept. of State) Rehabilitation Severice Solve (Name of corporation as currently filed with the Florida Dept. of State) Rehabilitation Severice Solve (Name of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:
M12657 (Document number of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation
N12657 (Document number of corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation
NEW CORPORATE NAME (if changing):
Florida Chapter, Psychiatric Rehabilitation Association, Ir (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
none
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: $\frac{10/3/04}{}$
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved 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)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 8th day of April , 2005.
Signature Signature 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)
Sharm Wiss-Jacob (Typed or printed name of person signing)
Treasurer (Title of person signing)

FILING FEE: \$35