## N19000003742

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	The Missing Link Ag	ricultural Center Inc		
	119000003742			
DOCUMENT NUMBER: _				
The enclosed Articles of Ame	endment and fee are subn	nitted for filing.		
Please return all corresponder	nce concerning this matte	r to the following:		
Jill DiSalvo				
	·	(Name of Contact Per	son)	
DiSalvo & Associates PLLC				
		(Firn/ Company)		
1760 N. Jog Road Suite 150				
		(Address)		
West Palm Beach, FL 33411				
		(City/ State and Zip C	(ode)	
jdisalvo@d-acpa.com				
E	-mail address: (to be used	for future annual repo	ort notification	1)
For further information conc	erning this matter, please	call:		
Jill DiSalvo			561	659-1177
	(Name of Contact Person		(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the fe	ollowing amount made pa	yable to the Florida D	Department of	State:
<b>≘ \$</b> 35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
Mailing A	ddress	Str	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

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The Missing Link Agricultural Center Inc		
(Name of Corporation as currently filed with the Florid N19000003742	a Dept. of State)	
un		
(Document Nur	mber of Corporation (if i	known)
Pursuant to the provisions of section 617.1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florida Not F</i>	or Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	-ation:	
The Missing Link Therapeutic Center Inc		The new
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "incorporate	rice new ad" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	N/A SS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office	ffice address in Florida c address:	n, enter the name of the
Name of New Registered Agent: N/A	<del> </del>	
New Registered Office Address:	(F	lorida street uddress)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered land in the Indian Registered agent. I am	ed Agent: familiar with and accep	t the obligations of the position.
	Signature of Man Pagis	tored doout if allowains

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: X Change X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
Change Add			
Remove			
2) Change Add			
Remove 3) Change Add Remove		-	
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add		<del></del>	
Remove			
E. If amending or addin (attach additional shee	g additio is, if nece	nal Articles, enter change(s) here: ssary). (Be specific)	
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The date of each amendment(s) adoption date this document was signed.	1:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted was/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)	

	15- ne chairman or vice chairman of the board, president or other officer-if direct
(By t	ne chairman or vice chairman of the board, president or other officer-if direct
othe	not been selected, by an incorporator – if in the hands of a receiver, trustee, r court appointed fiduciary by that fiduciary)
_	(Typed or printed name of person signing)

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