

P01000102763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

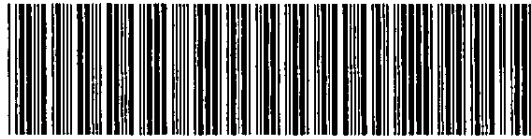
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 OCT -1 PM 3:10
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Amend.

10-2-12

Dc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2012

GREGORY C. PICKEN, ESQ.
GARY, DYTRYCN & RYAN, P.A.
701 U.S. HIGHWAY ONE, SUITE 402
NORTH PALM BEACH, FL 33408

SUBJECT: PROFESSIONAL EVALUATION & COUNSELING SERVICES, INC.
Ref. Number: P01000102763

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 612A00020653

RECEIVED
OCT - 1 AM 10:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Professional Evaluation & Counseling Services, Inc.

DOCUMENT NUMBER: P01000102763

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gregory C. Picken, Esq.

Name of Contact Person

Gary, Dytrycn & Ryan, P.A.

Firm/ Company

701 U.S. Highway One, Suite 402

Address

North Palm Beach, FL 33408

City/ State and Zip Code

gcp@gdr-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory C. Picken

Name of Contact Person

at (561)

844-3700

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Law Offices
Gary, Dytrych & Ryan

PROFESSIONAL ASSOCIATION
Est. 1975

JOHN W. GARY, III
JAMES H. RYAN
DONALD R. BICKNELL, JR.
LAWRENCE W. SMITH
ALYS NAGLER DANIELS
PETER M. ARMOLD
GREGORY C. PICKEN

RICHARD G. DYTRYCH
1925 - 1996

701 U.S. HIGHWAY ONE, SUITE 402
NORTH PALM BEACH, FLORIDA 33408
TELEPHONE (561)-844-3700
FAX (561)-844-2388
www.gdr-law.com

September 24, 2012


Darlene Connell, Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Professional Evaluation & Counseling Services, Inc.
Reference Number: P01000102763

Dear Ms. Connell:

Enclosed please find your letter dated August 9, 2012 along with the original Articles of Amendment to Articles of Incorporation for Professional Evaluation & Counseling Services, Inc. Pursuant to our telephone conversation, the new name of "Professional Consultants Services, Inc." should be available now. Please file the Articles of Amendment and return a filed copy to the undersigned. Should you have any questions, please do not hesitate to contact me.

Sincerely,


Robin Jarrell
Assistant to Gregory C. Picken, Esq.

/rj
Enclosures

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NORTH PALM BEACH, FLORIDA 33408
TELEPHONE (561)-844-3700
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July 26, 2012

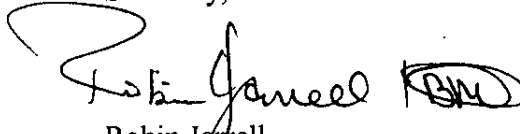
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Name Change for Professional Evaluation & Counseling Services, Inc.

Dear Sir/Madam:

Enclosed please find the Articles of Amendment to Articles of Incorporation of Professional Evaluation & Counseling Services, Inc. to be filed with the Florida Secretary of State, along with our check in the amount of \$35.00 for the filing fees. Please return the filed copy of the form to the undersigned. Should you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin Jarrell", followed by a circular stamp or mark.

Robin Jarrell
Assistant to Gregory C. Picken, Esq.

/rj
Enclosures

Articles of Amendment
to
Articles of Incorporation
of

Professional Evaluation & Counseling Services, Inc.

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

P01000102763

(Document Number of Corporation (if known))

FILED
12 OCT -1 PM 3:10
CLERK OF DISTRICT COURT
STATE OF FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Professional Consultants Services, Inc.

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

270 S. Central Blvd. suite #100
Jupiter, Florida 33458

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

FREDERICK Presciti

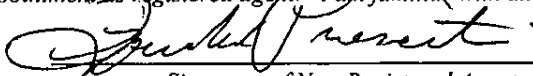
270 S. Central Blvd. Suite #100 Jupiter, Florida
(Florida street address) 33458

New Registered Office Address:

_____, Florida _____
(City) (Zip Code)

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 Agent, if changing
Frederick Presciti

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>P</u>	<u>Frederick Presciti</u>	<u>10332 150th CT N</u> <u>Jupiter, FL 33478</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
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6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Glossary
 10. Summary
 11. Abstract
 12. Keywords
 13. Subject
 14. Topic
 15. Field
 16. Area
 17. Discipline
 18. Branch
 19. Department
 20. Division
 21. Section
 22. Unit
 23. Category
 24. Class
 25. Group
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[illegible]

The date of each amendment(s) adoption: _____

07-25-12

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

all of _____ and directors.

☒ 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)

☐ 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.

Dated _____

7/25/12

Signature _____

(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)

Frederick Presciti

(Typed or printed name of person signing)

President

(Title of person signing)