P05000037939

(Requ	uestor's Name)	
(Addr	ess)	
nbbA)	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Doc	ument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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SECRETARY OF STATE
TALL AHASSEF FLORIN

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION: SPECTRUM	THERAPIES OF NORTH F	FLORIDA, INC.
DOCUMENT NU	MBER: P05000037939		
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning thi	s matter to the following:	
		Callahan	
	(Name	of Contact Person)	
	Tilley & 0	Callahan, PA, CPAs	
	(Fir	rm/ Company)	
	•	* <i>j</i> * - w	
	4465 Bay	meadows Rd. Ste. 3	
		(Address)	
	Jacksor	ville, FL 32217	
	(City/ S	tate and Zip Code)	
For further informa	tion concerning this matter,	please call:	
Tina Callahan		at (904) 739-39	48
(Name	of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check	for the following amount:		
☑ \$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 Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SPECTRUM THERAPIES OF NORTH FLORIDA, INC.
(Name of corporation as currently filed with the Florida Dept. of State)
P05000037939
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
Pathways Developmental Learning Center, Inc.
(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)
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EM P
(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: 05/08/08		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	
	was/were approved by the shareholders through voting groups. The transit be separately provided for each voting group entitled to vote mendment(s):	
"The number o	f votes cast for the amendment(s) was/were sufficient for approval by	
	(voting group)	
	was/were adopted by the board of directors without shareholder action tion was not required.	
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.	
selec	director, president or other officer - if directors or officers have not been ted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	April Choulat	
	(Typed or printed name of person signing)	
•	President	
	(Title of person ciuning)	

FILING FEE: \$35