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## COVER LETTER

Division of Corpo				
NAME OF CORPOR	ATION: <u>LÌ++K</u> E	+ Associa	tes, Inc.	_
DOCUMENT NUMB	er: <u>PO 5000</u>	064942		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
-	Lisa Litt 235 St. Pete LisaLi- E-mail address: (to be us	Name of Contact Person  Ke + ASSO  Firm/ Company  Address  Address  City/ State and Zip Code  HKe @ 9 Me  sed for future annual report	V. Unit 5 L 3370	
For further information	concerning this matter, pleas	se call;		
Lisa L Name o	HKE Contact Person	at ( 727 Area Coo	742 - 86 de & Daytime Telephone N	297 Jumber
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)	1 1
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	l l

Tallahassee, FL 32301

A section of the sect
Articles of Amendment FILED
Articles of Incorporation
of 17 OCT 20 AM 11: 35
Little & ASSOCIATES TANCES STEEL
Name of Corporation as currently filed with the Plorida Dept. of State)
20522000119 U 2
(Day 10000084772
(Document Number 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:    Bas in "By"   ABA - All Caps!
A. If amending name, enter the new name of the corporation:
ABA Therapy Associates, 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."
225 2101 1 #517
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)
St. Petersourg, FL 33701
J, *
C. Enter new mailing address, if applicable:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  235  24  Ave N = #517
St fetersburg if L 33701
<del></del>
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
(Florida street address) SI Potersina Va
and and the state of the state
New Registered Office Address: 255 3 TVE N. "DIII., Florida 3370
(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.
. 1
u(a)
Signature of New Registered Agent, if changing

If amending the Officer address of each Officer (Attach additional sheets, Please note the officer/dip = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove Example;	and/or E if necess rector tite President = Chief i r, Directa I in the fo wes the c	Director h sary) le by the f t; T= Tre Financial or would llowing n orporatio	eing ad irst lette asurer; Officer, he PTD, nanner, n, Sally	ded: r of the office title: S= Secretary; D= Direc If an officer/director h Currently John Doe is li. Smith is named the V an	tor; TR= Tri olds more th sted as the P	istee: C = Chair an one title, list ST and Mike Jon	man or Clerk; the first letter nes is listed as t	CEO = Chief of each office he V. There is
X Change	<u>PT</u>	John_Do	<u>oe</u>					
X Remove	$\underline{V}$	Mike Jo	nes				1	
X Add	<u>\$V</u>	Sally St	<u>nith</u>				I	
Type of Action (Check One)	<u>Title</u>		Name	N C		<u>Addres</u> s	t	
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Add								
Remove						<del> </del>		
2) Change		<del></del>			<del></del>			
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3 ) Change		_		<u> </u>		-		
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4) Change		_					!	
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Remove							1	
5) Change								
Add								
Remove								
6) Change		_						
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Remove								\

Mach additional sheets, if necessary). (Be specific)	
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an amendment provides for an exchange, reclassification, or cancellation of issued sha	res,
orovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	t I
(1) not applicame, indicate (NA)	i I
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The date of each amendment(s) adoption:	, 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 does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
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 east 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 /0-18-15	
Signature XIA XIII	
(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)	
<u>Lisa Littke</u>	
(Typed or printed name of person signing)	
President	
(Title of person signing)	