| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |





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11/14/11--01061--004 \*\*43.7S

## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                |  |  |
|---|--|--|
| NAME OF CORPORATION: Pathway                            | Mestal Health Senices, I                         | nc.  |
| DOCUMENT NUMBER: PO 80 000                              | 76972  |  |
| The enclosed Articles of Amendment and fee are          | submitted for filing.                            |  |
| Please return all correspondence concerning this r      | natter to the following:                         |  |
| Lisa K.   | Arms trong                                       | ·  |
| Nam   | ne of Contact Person                             |  |
| Pathway Mestal  | Health Serices, Inc.                             |  |
|   | Time Company                                     |  |
| 7402. N.564   | Street; Ste 801                                  |  |
|   | Address  | <del></del>  |
| Tampa, Flo.   | nida 33617<br>State and Zip Code                 |  |
| Armston lisak   | (Qaol.GM   |  |
| E-mail address: (to be used for                         | or future annual report notification)            | _ <del>_</del> _   |
| For further information concerning this matter, plants  | ease call:                                       |  |
| Lisa Arms trong   | at (813) 374-223  Area Code & Daytime Telephone  | 7  |
| Name of Contact Person                                  | Area Code & Daytime Telephone                    | Number   |
| Enclosed is a check for the following amount mad        | le payable to the Florida Department             | of State:  |
| \$35 Filing Fee \$\times \text{Certificate of Status}\$ | Certified Copy C (Additional copy is enclosed) C | 2.50 Filing Fee<br>ertificate of Status<br>ertified Copy<br>Additional Copy is enclosed) |
| Mailing Address   | Street Address                                   |  |
| Amendment Section                                       | Amendment Section                                |  |
| Division of Corporations                                | Division of Corporations                         |  |
| P.O. Box 6327<br>Tallahassee, FL 32314                  | Clifton Building 2661 Executive Center Circle    |  |
| . a.i.a.i.a.o.o.o, i                                    | 2001 Productive Course Curolo                    |  |

Tallahassee, FL 32301

## Articles of Amendment to

## Articles of Incorporation

| of  |   |
|---|---|
| Pathway Mental Health Se.   | nices, Frc.   |
| (Name of Corporation as currently filed with the  | he Florida Dept. of State)  |
| PO 80000 76972  |   |
| (Document Number of Corporation   | on (if known)   |
| Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:  | on (if known)  es, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation  | <u>:</u>  |
| NA  |   |
| name must be distinguishable and contain the word "corpo<br>abbreviation "Corp.," "Inc.," or Co.," or the designation "Co<br>name must contain the word "chartered," "professional associat | rp," "Inc," or "Co". A professional corporation                         |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   | NA  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | MU  |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add  |   |
| Name of New Registered Agent:   |   |
| New Registered Office Address: (Florid  | la street address)  |
| <del></del>   | , Florida   |
| (City)  | (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am familia   |   |

Signature of New Registered Agent, if changing

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)

| <u>Title</u>    | <u>Name</u>  | Address   | Type of Action             |
|-----------------|--|---|----------------------------|
| ice Poside      | it <u>Emma Geiger</u>  | 38606 Fermenor<br>15021 Lake Emerald<br>Tampa Florida 3 | ☐ Add  Blvd ☑ Remove  3418 |
| extory          | Steven Geiger  | Tompo, Florida 3  | Add Add Remove             |
| ecretary        | Cynthia L. Armstrong   | 38919 Otis Allen R<br>Zephycholls, R 37                 | Add                        |
|                 | ling or adding additional Articles, ent<br>Iditional sheets, if necessary). (Be spe                |   |                            |
|                 |  |   |                            |
|                 |  |   |                            |
|                 |  |   |                            |
| <u>provisio</u> | nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A) |   |                            |
| N               | 4  |   |                            |
|                 |  |   |                            |
|                 |  |   |                            |
|                 |  |   |                            |

| The date of each amendment                         | (s) adoption: 10-24-11   |
|--|--|
| i.   | (date of adoption is required)   |
| Effective date if applicable:                      | (no more, than 90 days after amendment file date)  |
| Adoption of Amendment(s)                           | (CHECK ONE)  |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following statement of 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/we action was not required.   | re adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required.   | re adopted by the incorporators without shareholder action and shareholder   |
| Dated  | 10/24/2011   |
| Signature(By                                       | Ling K. Outing a director, president or other officer of directors or officers have not been   |
| sele   | ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)                                  |
|  | (Typed or printed name of person signing)  |
|  | (Typed or printed name of person signing)  |
|  | President  |
|  | (Title of person signing)  |