## P09000066268

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SECRETARY OF STATE

FEB 0 4 2016
C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: JOURNEY'S COUNSELING, Inc.  DOCUMENT NUMBER: P0900006268				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Daniel Marcore  Name of Contact Person  Seasons Counseling Orlando  Firm/Company  331 N MaiHand Ave, Unit B3  Address  MaiHand, FL 32751  City/ State and Zip Code				
OFFICE PSUSONS COUNSLING OR OND E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Daniel Marcone at (407) 960 - 3938  Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## Articles of Amendment

to
Articles of Incorporation

. 0	of	
Journey's Chu	inselina. Inc.	
(Name of Corporation as curren	tly filed with the Florida Dept. of Stat	<u>e</u> )
P090000	06268	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
Seasons Counseling Inc.		The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nar	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
		2016 TACI
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	PEB - I
		AH 9: 1
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		
new registered agent and/or the new registered office addre	331	
Name of New Registered Agent N/H		
(Florida s	street address)	
New Registered Office Address:	, Florida	<u> </u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian		position.
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)

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.

X. Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_	<del></del>	
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		<del></del>
Add				
Remove				
6) Change				
o) Change Add		_		
Remove				

E. If amending or adding additional Arti-	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
NIA	
1	
<del> </del>	
	•
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F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NH	
•	
	· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:date this document was signed.	, 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 document's effective date on the Department of State's records.	ate 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 by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	<i>1ent</i>
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	
Dated 1/18/110/1	
Dailed 1700 ( G ) 1	
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 con appointed fiduciary by that fiduciary)	ırt
The state of the s	
<u>Daniel Marcone</u>	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	