

Mar 03 2010 8:08PM

NICK SPRADLIN

(813)333-6358

P. 1

Division of Corporations

Page 1 of 1

P10000015473

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000049544 3)))



H100000495443ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN, PLLC  
Account Number : I20070000020  
Phone : (813)435-3176  
Fax Number : (813)333-6358

FILED  
10 MAR -4 AM 10:05  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: IVICALWCIC@YMAIL.COM

RECEIVED  
2010 MAR -4 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
GROUP THERAPY COFFEE & BAR, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

WC  
3/3/2010

Mar 03 2010 8:08PM

NICK SPRADLIN

8133336358

p.2

Articles of Amendment

to

of

**GROUP THERAPY COFFEE & BAR, INC.**(Name of Corporation as currently filed with the Florida Dept. of State)**P10000015473**(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:

**A. If amending name, enter the new name of the corporation:****GROUP THERAPY CAFE & BAR, 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)****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:New Registered Office Address:(Florida street address)(City), Florida  
(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

Received Fax: Mar 03 2010 7:22AM Fax Station: NICK SPRADLIN p. 3

MAR 03, 2010 09:35 Mary Ann

4073878595

Page 3

b 060x

RECEIVED IN

12:12 0102'20 AM

The date of each amendment(s) adoption: 03/02/2010  
(date of adoption is required)  
Effective date if applicable: 03/02/2010  
(no more than 90 days after amendment file date)

## 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 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 03/02/2010

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)

Ivica Lukic

(Typed or printed name of person signing)

DPST

(Title of person signing)