## 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.

(((H100002155423)))



H100002155423ABCU

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

Fax Number

: (850)617-6380

: (323)962-3889

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

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

Email Address:

RECEIVED

O SEP 30 PM 8: 0 0

SECHETARY OF STATE

# COR AMND/RESTATE/CORRECT OR O/D RESIGN APPLIED BEHAVIOR CENTER FOR AUTISM INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

Men?

Electronic Filing Menu

Corporate Filing Menu

Help

& Roberts SEP 3 0 2010

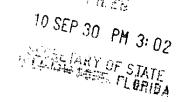
e.

#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: $\underline{A}$	PPLIED	BEHAVIOR CENTER FO	OR AUTISM INC.
DOCUMENT NUMBER: P10	000070	0641	
The enclosed Articles of Amendm	ent and fee a	are submitted for filing.	
Please return all correspondence co	oncerning th	is matter to the following:	
<del></del>	(Name	Barbara Dang of Contact Person)	
			,
<u> </u>		egalzoom.com.inc.	<del></del>
	(Fi	rm/ Company)	
	7083 Ho	(Address)	
		(Address)	
		•	
		*	
<del></del>		Angeles, CA 90028 tate and Zip Code)	<del></del>
	(0.1).	and Elp Code)	
For further information concerning	this matter,	please call:	
_		-	
•			
Barbara Dang		at ( <u>323</u> ) 962-8600	
(Name of Contact Person	1)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the followi	ng amount n	nade payable to the Florida Dep	partment of State:
\$35 Filing Fee \$43.75 Filing Certificate of		S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Ci	mle
Landidasce, LL 32314		Tallahassee, FL 32301	2 404
		i diidimosee, i il 34301	

**Articles of Amendment** to **Articles of Incorporation** 



### APPLIED BEHAVIOR CENTER FOR AUTISM INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) P10000070641 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the

he new name must be distinguishable incorporated" or the abhreviation "Corp Co". A professional corporation n sociation," or the abbreviation "P.A."	p., " "Inc., " or Co.,	" or the design	mation "Corp," "Inc," o
Enter new principal office address, if a principal office address MUST BE A STR			
Enter new mailing address, if applica			
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)		
(Mailing address MAY BE A POST OF	or registered office:		rida, enter the name of t
If amending the registered agent and/	or registered office:	ress:	rida, enter the name of t
If amending the registered agent and/ new registered agent and/or the new r	or registered office egistered office add Hyndi Khomutets	ress:	
If amending the registered agent and/new registered agent and/or the new r  Name of New Registered Agent:	or registered office egistered office add Hyndi Khomutets	ress: kv	

Signature of New Registered Agent, if changing

		ors, enter the title and name of each officer/director being feach Officer and/or Director being added;
	ditional sheets, if necessary)	Teach Officer and/of Director being added,
<u>Title</u>	Name	Address Type of Action
		Q Remove
		C Remove
		□ Remove
		-
provis	mendment provides for an ex- ions for implementing the am- not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

Page 2 of 3

The date of each amendment(s) a	doption: <u>9/15/2010</u>
Effective date if applicable:	
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statemen 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	ing group)
(vot	ing group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	21 10
Signature	
solected,	ector, president or other officer—If directors or officers have not been by an incorporator—if in the dands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Hyndi Khomutetsky (Typed or printed name of person signing)
	(13ped of printed name of person signing)
	President (Title of person signing)