

P100000087068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

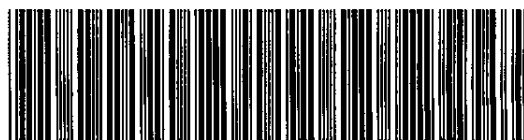
(Business Entity Name)

(Document Number)

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MAR 11 2014
14 MAR 31 PM 1:13

Amend
Name chg
(10) 4.1.14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Advanced Counseling Services, PA (Professional Association)
DOCUMENT NUMBER: 814A00005239 - letter #

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophia Greiner
Name of Contact Person
Advanced Counseling Services, PA
Firm/ Company
111 W Main St, Ste 307
Address
Inverness, FL 34450
City/ State and Zip Code
advcounserv@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sophia Greiner at (352) 352-573-8000 cell
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: 352-364-0067
work

☒ \$35 Filing Fee
already paid

☐ \$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)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2014

SOPHIA GREINER
ADVANCED COUNSELING SERVICES
111 W. MAIN SR., STE. 307
INVERNESS, FL 34550

SUBJECT: ADVANCED COUNSELING SERVICES, PROFESSIONAL
ASSOCIATION
Ref. Number: P10000087068

We have received your document for ADVANCED COUNSELING SERVICES,
PROFESSIONAL ASSOCIATION and your check(s) totaling \$35.00. However,
the enclosed document has not been filed and is being returned for the following
correction(s):

The application/form submitted does not meet the requirements of this office;
please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 814A00005239

RECEIVED
MAR 11 11 25 AM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Advanced Counseling Services, Professional Association
(Name of Corporation as currently filed with the Florida Dept. of State)

(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:

Advanced Counseling Services, PA
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)

Advanced Counseling Services, PA
111 W. Main St, Ste 307 (business)
Inverness, FL
34450

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Sophia Greiner
10577 Rain Forest Rd (home)
Brooksville, FL
34601

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 N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(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

N/A
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
14 MAR 31 PM 1:10

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.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change Sec Debora Dollar 1188 S. Brad St., Ste 400
☐ Add Brooksville, FL
☒ Remove 34601
- 2) ☐ Change T Debora Dollar 1188 S. Broad St, Ste 400
☐ Add Brooksville, FL
☒ Remove 34601
- 3) ☐ Change S Allan Greiner 10577 Rain Forest Rd
☒ Add Brooksville, FL
☐ Remove 34601
- 4) ☐ Change T Allan Greiner 10577 Rain Forest Rd
☒ Add Brooksville, FL
☐ Remove 34601
- 5) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____
- 6) ☐ Change _____ _____ _____
☐ Add _____ _____ _____
☐ Remove _____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary) (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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

3/27/14

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)

Sophia Greiner

(Typed or printed name of person signing)

CEO/Pres/Dir

(Title of person signing)