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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: <u>P100000</u>870 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: COUNSERVE AMAIL. COM
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (352) 573 - 8000 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■\$43.75** Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation

of

ADVANCED COUNSELING SERVICES, PA

(Name of Corporation	on as currently filed with th	e Florida Dept. of State)	
(Docum	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit	Corporation adopts the following	ng amendment(s)
A. If amending name, enter the new name of the con	rporation:		
			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the a	" "Inc," or "Co". A profe.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD			
Timelput office unitess most be A STREET ADD	<u></u>)		grada -
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		44.45 4.47.5 2.48.6	西量为
C. Enter new mailing address, if applicable:	- r.	S S S S S S S S S S S S S S S S S S S	品。上一
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u> </u>		<u> </u>
		- 	
		' 	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		_
N. B 1000		PL 24.	
New Registered Office Address:	(City)	, Florida(Ziz	Code)
	(=-9)	1-4	
		·	
New Registered Agent's Signature, if changing Regi	istered Agent:		
hereby accept the appointment as registered agent.	I am familiar with and accep	t the obligations of the position.	
Signe	ature of New Registered Ager	nt 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.

Example:	•	n, ov as an rau.	
X Change	<u>PT John I</u>	<u>D0e</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	VP	Anthony Pavella	7115 Alberta Dr. Brooksville, FL
Add Remove			34604
2) Change	I	ANTHONY Parella	7115 Alberta Dr
Add Remove		0 0 1	Brooksville, FC 34606
3) Change	5	RosaParella	7115 Alberta Dr Brooksville, FL
Remove			34606
4) Change Add	<u>T</u>	Allan Greiner	10577 Bainforest Rd Brooksville, FL
Add Remove			34601
5) Change	<u>S_</u>	Lina Laccase	16069 Tampa St.
Add Remove			Brooksville, FL 34604
6) Change	<u>CED</u>	Sophia Greiner	10577 Rain ForestRd Brooks Ville, FL
X Add			Brooks VIIIE FL
Remove			34601

	(Be specific)
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	ange reclassification or concellation of issued charac
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;
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provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself;

The date of each amendment(s) adoption: May 27, 20/6, if other than the
date this document was signed.
Effective date if applicable: May 27, 2016
Effective date if applicable: May 27, 20/6 (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 date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)
The amendment(s) was/were adopted by the shareholders. The humber 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)
(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 5/27/2016
Signature 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)
Soshia Greiner
Sophia Greiner (Typed or printed name of person signing)
CEO President Director (Title of person signing)
(Title of person signing)