P110000048492

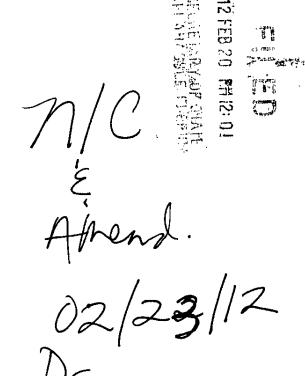
t					
(Re	equestor's Name)				
(Address)					
	•				
(Address)					
(City/State/Zip/Phone #)					
_		_			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to	Eiling Officer				
Special instructions to	r iiiig Oilicei.				

Office Use Only



500222405305

02/20/12--01028--017 **43.75



COVER LETTER

Division of Corporations NAME OF CORPORATION: JOURNEYS RECOVERY SELVICES FIX.

DOCUMENT NUMBER: P11000048492 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jarrays Recovery Services
Firm/ Jompany In James Ogmail. Com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee **□**\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address**

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

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation

O	
Journeys hecovery Serv	ives Inc.
(Name of Corporation as currently filed with the	Florida Dept. of State)
P 110000 48492	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Journeys Intervention Si	ervices Inc.
name must be distinguishable and contain the word "corporati	ion." "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	5830 Enk Way
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Greenacres, FL 33463
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5830 Erik Way
	Greenacies, FL 33463
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
/Florida	treet address)
(Fiorms)	reel address)
New Registered Office Address: (City	, Florida
7"	, (a.j. coat)
X	
New Registered Agent's Signature, if changing Registered Agen	
hereby accept the appointment as registered agent. /l am familiar	with and accept the obligations of the 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove				
2) Change Add Remove			 	
3) Change Add Remove	4 3.1 3.4 -			
4) Change Add Remove			····	
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)
I'm changing the name of Business
and address only of Business
<u> </u>
•
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)
•

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(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)
(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 2/17/12 Signature Squad Sauyola President or other officer – if directors or officers have not been
signature Tolort Stallyton president
(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)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
- President
(Title of person signing)