## P11000048492

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: Journeys Intervention Services Ira   |
|---|
| DOCUMENT NUMBER: PILOOOD 48492  |
| The enclosed Articles of Amendment and fee are submitted for filling.   |
| Please return all correspondence concerning this matter to the following:   |
| Heather Jansan  Name of Contact Person  Journey Interventor Services Irc  Firm/ Company  Lake Brease Du  Address  Wellington Fr 33414  City/ State and Zip Code   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  Heather Johnson at (500) 201 - 3808   |
| 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:   |
| \$35 Filing Fee   |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |

## **Articles of Amendment**

to

## Articles of Incorporation of

| Journey Interest   | on Sevices Inc                           |                          |
|--|--|--------------------------|
|  | filed with the Florida Dept. of State)   |                          |
| P110000 48492  |  |                          |
| (Document Number of  | Corporation (if known)                   |                          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Clorida Profit Corporation adopts the fo | ollowing amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |  |                          |
| Johnson Professional Group   | toc                                      | The new                  |
| name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." |  |                          |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  | 1//                                      |                          |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |  | 2028 OCT 17 PH 31 45     |
| D. If amending the registered agent and/or registered office address   | ess in Florida, enter the name of the    | . <u> </u>               |
| new registered agent and/or the new registered office address:   |  |                          |
| Name of New Registered Agent Heather   | onnson                                   | <del></del>              |
| 1183 Lake  | SCCCE OF<br>et address)                  |                          |
| Lightnets  |  | 33414                    |
| New Registerea Office Address.   | , Florida<br>City)                       | (Zip Code)               |
|  |  |                          |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w   | ith and accept the obligations of the po | sition.                  |
| Marke  | John                                     |                          |
| Signature of New Re  | gistered Agent, if changing              |                          |
|  |  |                          |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

| X Change                      | <u>PT</u>    | John Doc                           |   |
|-------------------------------|--------------|------------------------------------|---|
| X Remove                      | <u>V</u>     | Mike Jones                         |   |
| X Add                         | <u>SV</u>    | Sally Smith                        |   |
| Type of Action<br>(Check One) | Title        | <u>Name</u>                        | Address                                   |
| 1) Change                     | _{           | Heather Ferris                     | bullingto PL 33417                        |
| Add                           |              |                                    | bullingto PL 33417                        |
| Remove 2) Change              | P            | Heather Johnson<br>(I got married) | 1183 Lake Brue De<br>Wellington, FL 33414 |
| Add                           |              | (I got married)                    | Wellingto, FL 30414                       |
| Remove 3) Change              | <del>_</del> |                                    |   |
| Add                           |              |                                    |   |
| Remove                        |              |                                    |   |
| 4) Change                     |              |                                    |   |
| Add                           |              |                                    |   |
| Remove                        |              |                                    |   |
| 5) Change                     |              |                                    |   |
| Add                           |              |                                    |   |
| Remove                        |              |                                    |   |
| 6) Change                     |              |                                    |   |
| Add                           |              |                                    | <u></u>                                   |
| Remove                        |              |                                    |   |

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| The date of each amendment(s) add date this document was signed.               | pption:   | , if other than the                      |
|--|---|--|
| <u>~</u>   |   |  |
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendment file dat  | <u>e)</u>                                |
| Note: If the date inserted in this blo<br>document's effective date on the Dep | ck does not meet the applicable statutory filing requireme artment of State's records.  | nts, this date will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |  |
| The amendment(s) was/were adop action was not required.                        | ted by the incorporators, or board of directors without share   | holder action and shareholder            |
| ☐ The amendment(s) was/were adop<br>by the shareholders was/were suff          | ted by the shareholders. The number of votes cast for the articlent for approval.   | mendment(s)                              |
|  | oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amendment   |  |
| "The number of votes cast fo   | or the amendment(s) was/were sufficient for approval  |  |
| by   | "   | •  |
|  | (voting group)  |  |
| Dated\U  | 10/2027<br>(delle Johnse  |  |
| Signature  | alle Johns  |  |
| (By a dire<br>selected,  | ector, president or other officer – if directors or officers have<br>by an incorporator – if in the hands of a receiver, trustee, or<br>if fiduciary by that fiduciary) |  |
| _  | Heather Johnson   |  |
|  | (Typed or printed name of person signing)   |  |
|  | Princent  |  |
| _  | (Title of person signing)   |  |