

P11000066675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

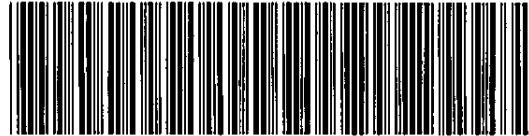
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800272907278

05/21/15--01017--020 \*\*43.75

FILED

2015 MAY 21 AM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 29 2014

C. CARROTHERS

AN/C

# HALIFAX LAW GROUP

## A Private Law Firm

Telephone: (386) 492-4880  
Facsimile: (386) 492-6051

444 SEABREEZE BOULEVARD, SUITE 910  
DAYTONA BEACH, FL 32118

office@halifaxlawgroup.com  
www.halifaxlawgroup.com

Send all correspondence to:  
POST OFFICE BOX 9357  
DAYTONA BEACH, FL 32120-9357

May 18, 2015

**ORIGINAL VIA CERTIFIED MAIL, RETURNED RECEIPT REQUESTED**

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

RE: Case Name : Flagler Mental Health Center, P.A.  
Matter No. : 8116.0001

Dear Sir or Madam:

Enclosed please find the following:

1. Cover letter for Flagler Mental Health Center, P.A. enclosing Articles of Amendment, and fee for filing.
2. Articles of Amendment to Articles of Incorporation of Flagler Mental Health Center, P.A.
3. Check no. 7552, in the amount of \$43.75, made payable to Florida Division of Corporations.

Please let me know if I may be of further assistance.

Sincerely,



Amanda Foster  
Legal Assistant to Bethany L. Schonscheck

SLB/amf  
Enclosures

cc: Joseph Comfort

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FLAGLER MENTAL HEALTH CENTER, P.A.

**DOCUMENT NUMBER:** P11000066675

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

Please return all correspondence concerning this matter to the following:

SHELBY L. BEST

Name of Contact Person

HALIFAX LAW GROUP

Firm/ Company

444 SEABREEZE BLVD., SUITE 910

Address

DAYTONA BEACH, FL 32118

City/ State and Zip Code

ESERVICES@HALIFAXLAWGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELBY L. BEST

Name of Contact Person

at ( 386 ) 492-4880

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 &  
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

Articles of Amendment  
to  
Articles of Incorporation  
of

FLAGLER MENTAL HEALTH CENTER, P.A.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000066675

(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:**

FLAGLER MENTAL HEALTH CENTER, INC.

*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**)

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

**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 DAYTONA REGISTERED AGENTS, LLC

444 SEABREEZE BLVD., SUITE 910

(Florida street address)

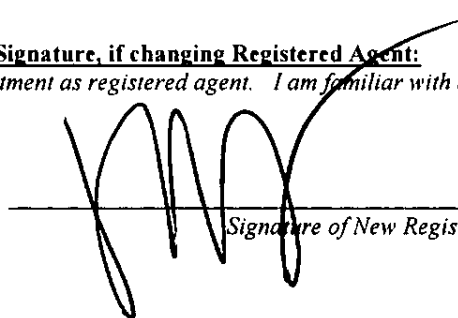
New Registered Office Address: DAYTONA BEACH, Florida 32118

(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.

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

*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.*

XChange                      PT                      John Doe

X Remove                      V                      Mike Jones

X Add	SV	Sally Smith
-------	----	-------------

Title

Name

Address

1) **X** Change

PTD

JOSEPH COMFORT, III

2729 EAST MOODY BLVD.

Add

SUITE 105

Remove

BUNNELL, FL 32110

2) \_\_\_\_\_ Change

Add

Remove

3 ) Change

\_\_\_\_\_ Add

Remove

4) Change

Add

         Remove

5)          Change

\_\_\_\_\_ Add

Remove

6) Change

Add

Remove

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

[illegible]

(if not applicable, indicate 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)

**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) 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 5/14/15

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)

JOSEPH COMFORT, III

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)