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R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Star Point Counseling Cater Inc.
DOCUMENT NUMBER: P 11 000 105 422
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samuel M. DiFranco Name of Contact Person
Star Point Counseling Center
207 W. Morgan St.
Brandon FL, 335LO City/ State and Zip Code
Star point center of Aobecom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samuel M. DiFranco at (813) 244-1251
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) 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

16 MAR 28 PM 3: 58

to

Star Point Lourseling	Certer Himoros
•	tly filed with the Florida Dept. of State)
P11000105422	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	MA The new
name must be distinguishable and contain the word "corporation "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
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
/////	reet address) Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen 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

If amending the Officers and/or Directors, enter the title and name of	each offi	cer/director	· being	removed and	l 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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	P Joseph A. DIE	ranco 207 W. Morgan S
Add		Brandon FL 33570
Remove		· · · · · · · · · · · · · · · · · · ·
2)Change	P Samuel M. DiF	rancosr. 207 W. Morgan St
${X}$ Add		Brandon FL 335/0
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		marine allowed a second

E. If amending or adding additional Articles, enter change(s) her (Attach additional sheets, if necessary). (Be specific)	<u>'e</u> :		
(Attach daditional sneets, if necessary). (be specific)			
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F. If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained	cancellation o	f issued shares, ent itself:	
(if not applicable, indicate N/A)			
1.6/1	·	•	
			,
			<u> </u>
			
		•	<u> </u>
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· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: March 23, 2016 date this document was signed.		· · · · ·	, if oth	ner than the
uate this document was signed.	•			
Effective date <u>if applicable</u> :			<u>. </u>	_
(no more than 90 days after amendment	file date)	3		•
Note: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	uirements, thi	s date will	not be li	sted as the
Adoption of Amendment(s) (CHECK ONE)				
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	r the amendme	ent(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an		ement ·		
"The number of votes cast for the amendment(s) was/were sufficient for approval			<i>*</i> '	• ,
by	· · · · · · · · · · · · · · · · · · ·			.,
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	on and shareh	older		
The amendment(s) was/were adopted by the incorporators without shareholder action ar action was not required.	nd shareholder			
Dated March 23,2016	· ·,	•		
Signature Joseph Di Franco		·		
By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, trus appointed fiduciary by that fiduciary)			•	
Joseph DiFranco (Typed or printed name of person signing)			*	<u> </u>
President	•			•
(Title of person signing)	•	<u> </u>	,	_