## P12000013197

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	∋#)
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Amend + Name Change

MAY 2 9 2014 T. CARTER

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** NAME OF CORPORATION: Jane Simmons Counseling Services, PA DOCUMENT NUMBER: P12000013197 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jane Simmons Name of Contact Person Jane Simmons Counseling Services, PA Firm/ Company 2180 Immokalee Road, Suite 216 Address Naples, FL 34110 City/ State and Zip Code jsimmonscounseling@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 ) 272-6214

Area Code & Daytime Telephone Number Jane Simmons Name of Contact Person 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) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	1, 2,
51.5	TO THE STATE ORIDA
171.	H JAMES

Jane Simmons Counseling Services, PA		TALL	CAUA
(Name of Corporation as currently filed with the	Florida Dept. of State)	14 May 14 PH	1: 59
P12000013197			
(Document Number of Corporation	(if known)		-
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s <i>Florida Profit Corporat</i>	ion adopts the following	g amendment(
A. If amending name, enter the new name of the corporation:			
Peaceful Mind Therapy, PA			The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional co		
B. Enter new principal office address, if applicable:	2180 Immokalee	Road	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Suite 216		_
	Naples, FL 3411	0	_
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	2180 immokalee	Road	_
	Suite 216		_
	Naples, FL 3411	0	<del>-</del>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		e name of the	
Name of New Registered Agent Jane Simmons			
1329 Corso Palern	no Ct, Apt 1		
	street address)		
New Registered Office Address: Naples, Florida	, FI	orida <mark>34105</mark>	_
(Cit	'v)	(Zip Code)	

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:

 $P = President; V = Vice President; \tilde{T} = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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: XChange	<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>	Name	Address
1) Change		_	·
Add			
Remove			
2) Change		-	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Add			<del> </del>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
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) add date this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoptaction was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	2/14 May 12,2014 are Simmons	
Signature Of	ne Simmono	
(By a dir	ector, president or other officer - if directors or officers have not been	<del></del>
	by an incorporator – if in the hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiduciary)	
ي	ane Simmons, LMHC	
	(Typed or printed name of person signing)	
· <u>L</u>	icensed Mental Health Counselor	
	(Title of person signing)	