## P130000077/7

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## **COVER LETTER**

Division of Corpo				25
NAME OF CORPOR	DI 27(17)	H MENTAL 107717	HEALTH SERV	ICES TAC
The enclosed Articles of	of Amendment and fee are st	ubmitted for filing.		
Please return all corresp	pondence concerning this ma	atter to the following:		
	DEA E-mail address: (to be us	Name of Contact Perso  KOSCH ME  Firm/ Company  55 OCEM  Address  Address  City/ State and Zip Cod  My O PEACE  sed for future annual report	SPRAY AVE SEACH, FL	- 1 SERUCES - -32937
For further information	concerning this matter, pleas	se call:		
	FLOVIS KOLS Contact Person the following amount made	Area Co	de & Daytime Telephone Number	<u>}</u>
□ \$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)	
Maili	ng Address	Street	Address	

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept (Document Number of Corporation 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: "company," or "incorporated" or the abbreviation name must be distinguishable and contain the word corporation, "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 (Florida street address) New Registered Office Address: (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

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: XChange	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> <u>Addres</u> s	
1) Change	CMO SKYLER VANDER MOLEN	9 POMONA ST.
X_ Add	SAN F	RANCISCO, CA
Remove	<u> 40</u>	1124
2) Change	COO ALLISON VANDER MOLEN 9	POMONA ST.
$\frac{1}{X}$ Add	SAN	
Remove	91	4124
3 ) Change	CFOVP LINDSAY KOLSCH 355	OCEAN STRAY AVE.
X_ Add	SATEL	LITE BEACH, FL
Remove	_ 559	137
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
4) (9		
6) Change		
Add		<del></del>
Remove		

ttach additional si	ing additional Articles, weets, if necessary). (Be	specific)	_		
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	provides for an exchang	e reclassification.	or cancellation of is	ssued shares,	
provi <u>sions for in</u>	plementing the amendm	ent if not contained	l in the amendmen	t itself:	
(if not applied	uble, indicate N/A)				
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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 document's effective date on the Department of State's records.	If not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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 $10-13-2017$	
Signature Signature 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)	
DENNIS KOLSCH	
(Typed or printed name of person signing)	
CEO, PRESIDENT	
(Title of person signing)	