## P13000050828

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NEW BEGINNINGS BEHAVIORAL HEALTH CENTER, INC. NAME OF CORPORATION:

DOCUMENT NUMBER: P13000050828

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

Please return all correspondence concerning this matter to the following:

IRVING PORT

Name of Contact Person

NEW BEGINNINGS BEHAVIORAL HEALTH CENTER, INC.

Firm/ Company

2655 EAST OAKLAND PARK BLVD

FT LAUDERDALE, FL 33306

City/ State and Zip Code

IRVINGPORT12@GMAIL.COM

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

For further information concerning this matter, please call:

IRVING PORT

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Name of Contact Person

at (516 ) 343-8110 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 F & Certified Copy (Additional copy is

enclosed)

□\$52.50 Filing Fec Ccrtificate of Status Ccrtified Copy (Additional Copy is enclosed)

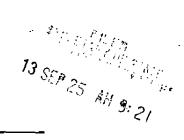
Mailing Address

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



## NEW BEGINNINGS BEHAVIORAL HEALTH CENTER, INC.

(Name of Corporation as currently filed with the P13000050828	Florida Dept. of State)	
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation;		
name must be distinguishable and contain the word "corporati "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:	2655 EAST OAKLAND PARK BLVD	
(Principal office address MUST BE A STREET ADDRESS)	FT LAUDERDALE, FL 33306	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	2655 EAST OAKLAND PARK BLVD	
	FT LAUDERDALE, FL 33306	
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses.		
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
(City	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	st:	
I hereby accept the appointment as registered agent. I am familiar	r 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: X Change	PT John	1 <u>Do</u> ę	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Títle</u>	<u>Name</u>	Address
1) Change	PSD	LUIS DE LA CRUZ	3551 SW 99 COURT
Add			MIAMI, FL 33165
Remove  2) Change	PSD	IRVING PORT	123 COMBS AVENUE
X			WOODMERE, NY 11958
Remove			
3) X Change		PRINCIPLE ADDRESS AND MAILING ADDRESS	2655 EAST OAKLAND PARK BLVD
Add			FT LAUDERDALE, FL 33306
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)	
<u> </u>		
		_
		_
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:	
		-

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)	
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 statemen 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	
(voting group)	
(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 9/24/2013	
Signature Im	
(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)	
IRVING PORT	
(Typed or printed name of person signing)	<del></del>
PRESIDENT/SECRETARY	
(Title of person signing)	<del></del>