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COVER LETTER

NAME OF CORPORATION: Lifespan Psychology officer Inc

DOCUMENT NUMBER: P14 0000 444 3 3

Tallahassee, FL 32314

A Comment of Mark to Comme

TO: Amendment Section

Division of Corporations

The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Jeff mel		
_	Name of Contact Person	
Lifespan psy	Name of Contact Person chology offices Inc. Firm/ Company	
10351 Fox	Address AGS FL 32303 City/State and Zip Code	
	Address	
Donita SPII	165 FL 32303	
	City/State and Zip Code	
1 1 2 12		
Unelvin @ 1.t	es Pan PS ych. Com	
E-mail address: (to be use	ed for future annual report notification)	
For further information concerning this matter, please	e call:	
Toff andich	HO2 HI/ 73c/	
Name of Contact Person	at (402) 4/6-73c/ Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Dayrine Telephone Humber	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:	7
		,
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	T
Mailing Address (1)	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	

The design was the sole of the best applications of the property and the

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Flo	<u> </u>
ρ 14 0000 44433 (Document Number of Corporation (if I	known)
(Document Number of Corporation (11)	(ROWII)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
solutions In Psycholosy, Inc. name must be distinguishable and contain the word "corporation,	The new
name must be distinguishable and contain the world "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
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 <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida 27 N
(City)	(Zip Code) ii,
	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	7. ————————————————————————————————————
I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.
Signature of New Registered As	gent, 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 Doe	1	
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s	
1) Change			
Add		/	· · ·
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		PART - 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Remove			
4) Change	/		
Add	. /		
Remove		***************************************	
5) Change	/		
Add	,		
Remove			
6) Change			
Add			
Remove			

2. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
(
If an amendment provides for an exchange, reclassification, or cancellation of issued shares.
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) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 5/27/14	
Dated 5/27/14 Signature Ill Mylin (But display president or other officer, if displays on fife as he and here	·
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Teff melvih (Typed or printed name of person signing) Mident	*********
(1 yped or printed name of person signing)	
(Title of person signing)	