P15000005821

(Re	questor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



400268972944

02/03/15--01047--016 **35.00

DIVISION OF CONDUCTOR

C-19/15

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: BREVARD P	HYCHOLOGICAL A	SSOCIATION, INC.	
DOCUMENT NUMBER	P150000			
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.		
Please return all correspor	dence concerning this ma	ter to the following:		
	DOM	ENIC H. CALICO	CHIA	
		Name of Contact Person		
	PROFESSION/	AL ACCOUNTING	G SERVICES, INC.	
	# · · · · · · · · · · · · · · · · · · ·	Firm/ Company		
	1520 BO	OTTLEBRUSH C	R. NE	
_		Address		
	PAI	LM BAY, FL 32	2905	
		City/ State and Zip Code		
	E-mail address: (to be us	sed for future annual report	notification)	
	is man addition (to out in			
For further information co	ncerning this matter, pleas	se call:		
To future anomation co	neering and motter, pred.			
		at (}	
Name of C	Contact Person	Area Coo	_) de & Daytime Telephone Number	
Enclosed is a check for th	e following amount made	payable to the Florida Depa	rtment of State:	
■ \$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)	
Mailing	Address		Address	
	nent Section	Amendment Section Division of Corporations		
P.O. Bo	of Corporations		Building	
Tallaha	ssee, FL 32314	2661 E	xecutive Center Circle	
		Tallaha	ssee, FL 32301	

Articles of Amendment Articles of Incorporation of

15 FEB -3 AM 10: 58

BREVARD PHYCHOLOGICAL ASSOCIATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P15000005821

ent(s) to

(Document Number	er of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this FI	orida Profit Corpora	tion adopts the following	g amendme
A. If amending name, enter the new name of th	ne cornoration:			
BREVARD PSYCHOLOGI		IATES, INC.		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered." "professional association," or	Corp." "Inc." or "Co	o". A professional co	corporated" or the ab-	breviation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>			
D. If amending the registered agent and/or reg new registered agent and/or the new registe	red office address:		e name of the	
Name of New Registered Agent		<u> </u>		
	(Florida street	address)	<u> </u>	
New Registered Office Address:		, FI	orida	
	(City)		orida(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		h and accept the oblig	nations of the position.	
Signature	of Mary Pagintary 1 100	ant if abancing		

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P/D	TIMOTHY C. SHORT	1611 S. APOLLO DR.
Add			MELBOURNE
Remove			FL 32901
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		•	,
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)					
						
<u> </u>					·	
<u> </u>				_ . <u>.</u>		
		_				
		- .				
						
						
			•			
			-			
<u> </u>						
an amendment provides for an exchorovisions for implementing the amer	ange, reclassific	ation, or ca	ncellation	of issued s	hares,	
(if not applicable, indicate N/A)	nament it not co	mamed in	ine amenda	nent itsen		
					_	
				····		

The date of each amendment(s) adoption: date this document was signed.	JANUARY 20, 2015	SECRETARY OF SINGLESTHE DIVISION OF A PROCHEMINATE THE
<u>-</u>		15 FEB -3 AM 10: 58
Effective date if applicable:	(no more than 90 days after amendment file date)	
	,	
Adoption of Amendment(s) (CF	IECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amen approval.	dment(s)
The amendment(s) was/were approved by the must be separately provided for each voting	te shareholders through voting groups. The following group entitled to vote separately on the amendments.	statement s):
	ndment(s) was/were sufficient for approval	
by	ting group)	
(vo	ting group)	
The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and sha	reholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareho	lder
Dated	115	
Signature Lemoth	es C Short	
By a director, pres	ident or other officer - if directors or officers have no	t been
selected, by an incomposited fiduciary	 porator – if in the hands of a receiver, trustee, or other by by that fiduciary) 	er court
TIM	OTHY C. SHORT	
	(Typed or printed name of person signing)	
DIR	ECTOR	
	(Title of person signing)	