## P15000030410

		*
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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

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Division of Corp	oorations		
NAME OF CORPO	RATION: Positive Path of Fo	ort Lauderdale, Inc	
	BER: P15000036470		
	s of Amendment and fee are su		
Please return all corre	espondence concerning this ma	atter to the following:	
	Raymond Watt		
		Name of Contact Persor	
		Firm/ Company	
	40 Crestridge Dr		
•		Address	
	Jackson, TN 38305		
		City/ State and Zip Code	
rwat	t@ltcbridge.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
RayWatt		at ( <sup>731</sup>	267 2861
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for	or the 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

Mailing Address

TO: Amendment Section

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

is enclosed)

## Articles of Amendment to Articles of Incorporation of



Positive Path of Fort Lauderdale, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P15000036470 (Document Number of Corporation (if known) 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: Positive Path of Deerfield Beach, Inc. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "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." 1400 East Hillsboro Blvd, Second floor B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Deerfield Beach, Florida 33441 C. Enter new mailing address, if applicable: 40 Crestridge Dr (Mailing address MAY BE A POST OFFICE BOX) Jackson, TN 38305 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: , Florida\_ (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 <math>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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		<del></del>		
Add				
Remove				
2) Change		<del></del>		
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3 ) Change		_		<u></u>
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4) Change		_		
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5) Change		<del></del>		
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Remove	·			·
6) Change				
Add			<del></del>	
Remove				

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	•	
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		* ***	
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification, or canc	ellation of issued shares,	
	nument if not contained in the	amenument tisett.	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
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(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

The date of each amendment(s) adop date this document was signed.	otion:, if	other than the
-		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	ek does not meet the applicable statutory filing requirements, this date will not bettment of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement ch 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 adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
5/18/15 Dated	Wat	
(By a direct selected, but the selected, but the selected	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
Ra	aymond Watt	
<del></del>	(Typed or printed name of person signing)	<del></del>
CE	EO	
_	(Title of person signing)	