P15 000076110

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: INSIGHT BEHAV	/IORAL HEALTH & ADD	DICTION SOLUTIONS, INC	
	IBER: P15000076110			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	ANELIA SHAHEED			
		Name of Contact Person	1	
	JULIE W. ALLISON PA			
		Firm/ Company		
	4601 SHERIDAN STREET,	SUFFE 213		
Address				
	HOLLYWOOD, FL 33021			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
	ANELIA@ALLISONLAW.	NET		
		sed for future annual report	notification)	
For further informati	on concerning this matter, plea		428-3093	
Name of Contact Person		at (305) 428-3093 Area Code & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

to

INSIGHT BEHAVIORAL HEALTH & ADDICTION SOLUTIONS, INC.

(<u>Name</u>	of Corporation as currently filed with the Florida Dept. of State)	
P15000076110		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendm	ient(s)
A. If amending name, enter the new n	name of the corporation:	
	The nev	u'
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	in the word "corporation," "company," or "incorporated" or the abbreviation "Corp., Corp.," "Inc.," or "Co". A professional corporation name must contain the word or the abbreviation " P_cA_c "	 d
B. Enter new principal office address,	, if applicable:	
(Principal office address MUST BE A S	STREET_ADDRESS)	
C. Enter new mailing address, if appl	licable:	
(Mailing address MAY BE A POST	OFFICE BOX)	
D. If amending the registered agent as	nd/or registered office address in Florida, enter the name of the	ì
new registered agent and/or the ne-		وس 1 171 ء د
Name of New Registered Agent	Catalyst Tax & Consulting LLC	
	2200 Corporate Blvd NW #307	
	(Florida street address)	
New Registered Office Address:	BOCA RATON Florida 334315 N	
	(City) (Zij)Code)	
New Registered Agent's Signature, if c	changing Registered Agent: stered agent.—I am familiar with and accept the obligations of the position.	
Thereof accept the appointment as regist	revea agent. Tanayaminar with and accept the omigations of the position.	
	11	
·- 	Signature of New Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e), F.S.	

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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	CEO	SUNDHOLM, SHAYNE G	508 WEST FLETCHER AVE
Add			TAMPA, FL 33612
Remove			
2) X Change	C	SUNDHOLM, SHAYNE G	508 WEST FLETCHER AVE
Add			TAMPA, FL 33612
Remove 3) Change	CEO	TZATZIMAKIS, PAUL	508 WEST FLETCHER AVE
X Add			TAMPA, FL 33612
Remove			
4) Change			
Add			<u></u>
Kemove			
5) Change			
Add			
Remove			- 10
6) Change			
Add			
Remove			

	g additional Artices, if necessary)	(Be specific)			
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an amendment pro-	menting the amen	dment if not conta	ained in the amend	dment itself:	
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	JUNE 7, 2021	
The date of each amendment(s)	doption:	, if other than th
late this document was signed.		
JU Effective date <u>if applicable</u> :	NE 7, 2021	
лестис цате и арупсавле.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the L	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
The amendment(s) was/were ac by the shareholders was/were	opted by the shareholders. The number of votes cast for the amendmen ufficient for approval.	t(s)
	proved by the shareholders through voting groups. The following states reach voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	<u>, </u>	
	(voting group)	
DatedSignature	R 19, 2021 Airector, president or other officer - if directors or officers have not been	
select	ed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	PAUL TZATZIMAKIS	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	