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SECRETARY OF SAME

'JUN 01 2017

S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: BORN AGAIN IN	С	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
·	DANIEL FEY		
		Name of Contact Person	n
	3898 VIA POINCIANA		
,		Firm/ Company	
	SUITE 15	•	
		Address	
	LAKE WORTH, FL 33467		
		City/ State and Zip Cod	e
SAHM	MED@AACPAUSA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
DANIEL FEY		at (6876466
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check 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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Ameno Divisio Clifton	Address Invent Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ORN AGAIN INC.	Ala Flavida Doné of Ctata	
(Name of Corporation as currently filed with	the Florida Dept. of State)	
16000054553		
(Document Number of Corporation	on (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pros</i> Articles of Incorporation:	ofit Corporation adopts the following amendment	ent(s
. If amending name, enter the new name of the corporation:		
REATMENT CENTER HELP INC	The new	ť
ame must be distinguishable and contain the word "corporation," "comporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A proord "chartered," "professional association," or the abbreviation "P.A."		
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRESS</u>)	SEC VILL	
	E E	Ti:
Enter new mailing address, if applicable:		T ?
(Mailing address MAY BE A POST OFFICE BOX)		
		-,-
	<u> </u>	
. If amending the registered agent and/or registered office address in Flor new registered agent and/or the new registered office address:	ida, enter the name of the	
Name of New Registered Agent		
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:	. Florida	
(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and acc	cept the obligations of the position.	
Signature of New Registered A	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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	-		
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)		
,		
· · · · · · · · · · · · · · · · · · ·		
Management Production and Production		
T. If an amendment provides for an exclessions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ 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	å 1
by"	e m
(voting group)	T 2
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	PR S
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	5: 39
O5/25/2017 Dated Signature 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)	
DANIEL FEY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

the

the