P170000 50980

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2021 OCT -7 PH 4: 02

Ahrind Minichs

> OCT 13 2021 LALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	ORATION: Cary's Beauty Bar	Inc			
	MBER: P17000050980				
	es of Amendment and fee are su	ibmitted for filing.			
Please return all cor	respondence concerning this ma	atter to the following:			
	Maria C Perez				
		Name of Contact Person	n		
	Paz Accounting Company				
		Firm/ Company			
	9445 SW 40 Street Suite 106	•			
		Address	· · · · · · · · · · · · · · · · · · ·		
	Miami FL 33165				
		City/ State and Zip Cod	c		
	maria@pazaccounting.com				
		sed for future annual report	notification)		
For further informat	ion concerning this matter, plea		382-3362		
Nam	e of Contact Person	at (786) 382-3362 Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

Cary's Beauty Bar Inc			
(Name	of Corporation as currentl	v filed with the Florida Dept. of State)	
P17000050980			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this A	Florida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
New Horizons Therapy ABA Inc			The new
	Corp." "Inc." or "Co". A ' or the abbreviation "P.A." if applicable: TREET ADDRESS) icable: OFFICE BOX)		ation "Corp.,"
Name of New Registered Agent	Paz Accounting Company	•	
<u>Name of New Registered Agent</u>	9445 SW 40 Street Suite 10)6	
	(Florida str	vet address)	
New Registered Office Address:	Miami	, Florida	5
		(City) (Ž	(Lip Code)
New Registered Agent's Signature, if call thereby accept the appointment as registered.	ered agent. I am familiar w	eith and accept the obligations of the position	n.
	Signature of New Re	gistered Agent, if changing	

Check if applicable

 \Box The amendment(s) is/are being filed pursuant 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.

X Change	<u>PT</u>	John Do	<u>oc</u>		
X Remove	V	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change		_	N/A		
Add					
Remove				-	
2) Change					
Add					
Remove 3) Change				-	
Add					
Remove			:	_	
4) Change				-	
Add					
Remove				_	
5) Change		_			
Add				_	
Remove					
6) Change				-	
Add		_		-	
Remove					

(Much at	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)
1/A	
 -	
 -	
 -	
	
	
16	
provisio	ndment provides for an exchange, reclassification, or cancellation of issued shares, as for implementing the amendment if not contained in the amendment itself:
(if ne	ot applicable, indicate N/A)
Ά	
	
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<u>-</u>	
	n-1

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•	ctober 1, 2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	r action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendr sufficient for approval.	nent(s)
	pproved by the shareholders through voting groups. The following stop each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	•	
	(voting group)	
October Dated Signature	Operator.	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	Caridad T Rodriguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	