P17000079914

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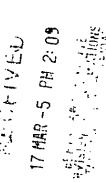
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		IONS - FLORIDA, INC				
DOCUMENT NUMBER: P17000079914						
The enclosed Articles of Amendment and fee are su	abmitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Kesley Crawford						
	Name of Contact Person	1				
	Firm/ Company					
1111 E Sunrise Blvd Apt#	1111 E Sunrise Blvd Apt#708					
Address						
Ft Lauderdale, FL 33304						
	City/ State and Zip Code					
keschar66@gmail.com						
E-mail address: (to be us	sed for future annual report	notification)				
For further information concerning this matter, pleas	se call:					
Kesley Crawford	754 at (224-9553				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment of State:				
\$35 Filing Fee	□\$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, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section on of Corporations Building xecutive Center Circle ussee, FL 32301				



Articles of Amendment to Articles of Incorporation

of

SEACOAST BEHAVIORAL HEALTH OPTIONS - FLORIDA, INC

			Ο.	
(<u>Name</u>	of Corporation as curre	ntly filed with the Florida Dept. of State)		
P17000079914			عور- جن	
	(Document Number	of Corporation (if known)	*	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts the following a	mendment(s) to	
A. If amending name, enter the new na	ame of the corporation:			
Human Services Associates, Inc		7)	he new	
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbr "Co". A professional corporation name must con	reviation	
B. Enter new principal office address,	if applicable:	50 N Laura St		
Principal office address MUST BE A STREET ADDRESS)		Suite 2500		
		Jacksonville, FL 32207		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		50 N Laura St		
		Suite 2500		
		Jacksonville, FL 32207		
·-		dress in Florida, enter the name of the		
new registered agent and/or the new	w registered office addri Kesley Crawford	<u>1581:</u>		
Name of New Registered Agent	50 N Laura St Suite 2	2500		
	(Florida	street address)		
New_Registered Office Address:	Jacksonville	32207 , Florida		
		(City) (Zip Coa	le)	
New Registered Agent's Signature, if c	hanging Registered Age		le)	
		r with and accept the obligations of the position.		
	ATTO			
	Signature of New	Registered Agent, if changing		

If amiending 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Judicial Services Corp	841 Prudential Dr
Add X Remove			Jacksonville, FL 32207
2) X Change	P	Kesley Crawford	50 N Laura St
Add			Suite 2500
Remove			Jacksonville, FL 32207
3) Change	VP	Coretha Smith	50 N Laura St
X Add			Suite 2500
Remove			Jacksonville, FL 32207
4) Change	Secy	Amanda Crawford	50 N Laura St
X Add			Suite 2500
Remove			Jacksonville, FL 32207
5) Change			
Add			
Remove			·
6) Change			
Add			
Damara			

	or adding additional A tional sheets, if necessary). (Be specific)			
		 			
				_	
<u>f an amend</u> provisions	lment provides for an ex for implementing the ar	change, reclassific	ation, or cancellar	tion of issued share: endment itself:	5,
	applicable, indicate N/A)			engment riser.	

The date of each amendment(s) adoption:	if other than the
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 will not document's effective date on the Department of State's records.	be listed as the
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	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
February 21, 2018 Dated Signature	
(By a director's 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)	
Kesley Crawford	
(Typed or printed name of person signing)	
President	
(Title of person signing)	

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