## P17000094909

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S. YOUNG

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION: Human Services A	ssociates Grp, P.A.	
DOCUMENT NU	P1700004909		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Kesley Crawford		
		Name of Contact Perso	on
	Human Services Associates,	Grp, P.A.	
	<del></del>	Firm/ Company	
	6467 Greenland Road		
		Address	<del> </del>
	Jacksonville, FL 32258		
		City/ State and Zip Co-	de
ke	rawford@continuumhsa.com		
_	E-mail address: (to be us	sed for future annual repor	t notification)
For further informa	tion concerning this matter, pleas	se call:	
Kesley Crawford		at (	831-6992
Nan	ne of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment 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)
ر 0 P	Hailing Address Imendment Section Division of Corporations IO. Box 6327 Fallahassee, FL 32314	Amen Divisi Clifto	t Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Human Services Associates, Grp. P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P17000094909 (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: The new 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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 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 X Remove X Add	PT         John De           V         Mike Jo           SV         Sally Sr	ones	
Type of Action (Check One)	<u>Title</u>	<u>N'ame</u>	Address
l) Change	GP	Lanette McKnight	6467 Greenland Road
X Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
() (I)			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	<del></del>	
If an amendment provides for an exch	ange, reclassification, or cancellation	of issued shares.
provisions for implementing the ame	dment if not contained in the amend	lment itself:
(if not applicable, indicate N/A)		
		. <u>.</u>

The date of each amendment(s) adoption:
01/04/2019
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 be listed as the document's effective date on the Department of State's records.
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)
☐ 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.
2/19/2019
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)
Kesley Crawford
(Typed or printed name of person signing)
CEO
(Title of person signing)