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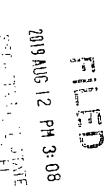
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S TALLENT AUG 1 9 2019



And

COVER LETTER TO

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Advanced Behavior Center INC P18000064940 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Henrys Couriennez
Name of Contact Person SAFONTS LLC
Firm/Company
8710 W Hillsboroug Ave St 200
Address Tampa, Fe 33615 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (813) 397-1311

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Street Address

Clifton Building

Amendment Section

Division of Corporations

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Articles of Amendment

to
Articles of Incorporation of

Advanced Behavior Ce.	nter	INC		
(Name of Corporation as currently f		· · · · · · · · · · · · · · · · · · ·		
P1800006	<u>4940</u>	0		
(Document Number of C	orporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flatis</i> Articles of Incorporation:	orida Profi	it Corporation adopts the foll	owing amendme	ent(s) to
A. If amending name, enter the new name of the corporation:				
			The new	v
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.,	". A prof	ny," or "incorporated" or t fessional corporation name n	he abbreviation	n g
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)				
(Crincipal office address MOST BE A STREET ADDRESS)	510	18 N Hasang f npa, Fl 3361	tve	
	Tan	npa, A 3361	4	
C. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	 	· · · · · · · · · · · · · · · · · · ·		
	51	08 N Hasano	2 Ave	
	Ta	Impa, FL 330	614	
D. K		•		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	<u>s in Florid</u>	ia, enter the name of the		
Name of New Registered Agent Chacilia Pe	nez -	Fernandez_	.	
5108 N Ha		a Ave		
(Florida street	•	_		
New Registered Office Address: Tampa	<u>2</u> ity)	, Florida	(Zip Code)	
			201 SI	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and acce	pt the obligations of the posit	2019 AUG	
	<u>`</u>	. 5 , ,)6 1	erames Accums
			2	7 951
Signature of New Reg.	istered Age	ent, if changing	是是	
	. 6-	· v	w C	-02

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Khange	P	anacilia Penez Fernandez	5108 N Hadang Ave
Add			Tampa FL 33614
Remove			
2) X Change	VP	Joige Sotomayor	5108 N Hasana Ave
Add			Tampa, FL 33614
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

comment address of the costal y	Articles, enter change(s) here: y). (Be specific)
x / A	
NA	
· · · · · · · · · · · · · · · · · · ·	
	
lf an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the an	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A))
	
•	
NIA	
N/A	

.

The date of each amendment(s) adoption: date this document was signed.	08/01/2019	, if other than the
Effective date <u>if applicable</u> :	08/01/2019	
	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this block does redocument's effective date on the Department of	not meet the applicable statutory filing rec	
Adoption of Amendment(s) (CF	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east fo	or the amendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting	te shareholders through voting groups. The group entitled to vote separately on the a	e following statement mendment(s):
	ndment(s) was/were sufficient for approval	l .
by	ting group)	"
(vo.	ting group)	•
The amendment(s) was/were adopted by the action was not required.		ion and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action a	nd shareholder
Dated08/01	12019	
Signature	Teto:	
	ident or other officer - if directors or office	ers have not been
selected, by an inco	orporator - if in the hands of a receiver, tru	stee, or other court
appointed fiduciary	by that fiduciary)	
	anacilia Percet Fer Typed or printed name of person signing)	nnandez
(Typed or printed name of person signing)	
	- Registered Ager (Title of person signing)	it P
	(Title of person signing)	•