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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: BRIGHT MINDS	PSYCHOLOGY CORP	······································			
DOCUMENT N	P18000075312		<u> </u>			
The enclosed Arti	cles of Amendment and fee are sul	bmitted for filing.				
Please return all c	orrespondence concerning this mat	tter to the following:				
	FABIOLA VARGAS					
		Name of Contact Person	1			
	BRIGHT MINDS PSYCHOLOGY CORP					
		Firm/ Company				
	2420 PEARL CIDER STREET					
	Address					
	ORLANDO, FL 32824					
		City/ State and Zip Code				
	naf-vt04@hotmail.com	naf-vt04@hotmail.com				
	E-mail address: (to be us	ed for future annual report	notification)			
Ear further inform	ation concerning this matter, pleas	ea calle				
roi luttiei iiloiti	ation concerning this matter, pieds	e can.				
FABIOLA VARO	GAS	at (410-6609			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a chec	k for the following amount made p	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	S43.75 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		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

FILED 2021 MAY 14 PM 11: 12

BRIGHT MINDS PSYCHOLOGY CORP	SECRETARY DE COM-
(Name of Corporation	on as currently filed with the Florida Dept. of State)
P18000075312	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	rporation:
	The new
	orporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>	RESS)
	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BO)</u>	<u></u>
B. If a supplied to the state of the state o	
 If amending the registered agent and/or registered new registered agent and/or the new registered of 	
Alama of Navy Paniatanad August	
Name of New Registered Agent	
 -	(Florida street address)
	(1 torside street leaderss)
New Registered Office Address:	, Florida (City) (Zip Code)
	(Sp coat)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent. I	l am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

Check if applicable

 \square 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.

Example:

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Si	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP	_	LUIS D. SANCHEZ	2420 PEARL CIDER STREET
Add				ORLANDO, FL 32824
X Remove				
2) Change		<u>_</u>		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
б) Change		_		
Add				
Remove				

(Attach additi	or adding additional Ar ional sheets, if necessary).	(Be specific)	(3) Here		
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F. <u>If an amend</u>	ment provides for an exc for implementing the am	hange, reclassificat	tion, or cancellation	of issued shares,	
provisions f	for implementing the am applicable, indicate N/A)	endment if not con	tained in the amend	ment itself:	
(ij noi a	ррисиме, пилеме 1071)				
		·			

	04/22/2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	0.4/22/2021	
Effective date if applicable:	04/22/2021	
	(no more than 90 days after amen	lment file date)
Note: If the date inserted in the document's effective date on the		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors	without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes sufficient for approval.	east for the amendment(s)
	approved by the shareholders through voting group for each voting group entitled to vote separately or	
"The number of votes o	ast for the amendment(s) was/were sufficient for ap	proval
by		,,
-, <u></u>	(voting group)	
Dated <u>4 - Z</u> Signature		1
sele	a director, president or other officer—if directors of cted, by an incorporator—if in the hands of a receive inted fiduciary by that fiduciary)	
	FABIOLA VARGAS	
	(Typed or printed name of person sig	gning)
	PRESIDENT	
	(Title of person signing)	