p.2

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEBRON ACCOUNTING SERVICES INC

Account Number : I20110000076 : (813)877-8918 Phone Fax Number : (813)514-2806

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LEBRONACCOUNTING@YAHOO.COM

S TALLEN

DEC-1 1 2019

COR AMND/RESTATE/CORRECT OR O/D RESIGN STAR MENTAL HEALTH, INC.

Certificate of Status	0
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Help

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	AATION: STAR MENTAL H	EALTH, INC.				
NAME OF CORPORATION: STAR MENTAL HEALTH, INC. DOCUMENT NUMBER: P18000095429						
The enclosed Anicles	of Amendment and fee are sub	omitted for filing.				
Please return all corres	pondence concerning this mat	ter to the following:				
	Milka Haskins CPA					
•		Name of Contact Person				
	Haskins & Herrera Accountai	nts				
	<u> </u>	Firm/ Company				
	5116 N Armenia Ave					
		Address				
	Tampa, FL 33603					
		City/ State and Zip Code	:			
lebro	naccounting@yahoo.com					
		ed for future annual report	notification)			
	•	•	,			
For further informatio	n concerning this matter, pleas	se call:				
Milka Haskins CPA		at (813	877-8918			
Name	of Contact Person		de & 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 & 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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 Y	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Articles of Amendment to Articles of Incorporation of

H190003559743

STAR MENTAL HEALTH, INC.				
	of Corporation as currentl	y filed with the Florida Dept.	of State)	
P18000095429				
	(Document Number o	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation add	opts the follow	ing amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered," "professional association,"	Corp," "Inc," or "Co". A	4 professional corporation na		
B. Enter new principal office address,	if annlicable:	5110 N. ARMENIA AVE		
(Principal office address MUST BE A S		TAMPA, FL 33603		
				- 019
			·	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5110 N. ARMENIA AVE		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		TAMPA, FL 33603		. 2
				. jo:
D. If amending the registered agent as new registered agent and/or the ne			e of the	,
Name of New Registered Agent	MAYELIN SANTOS	_		
Name of New Regissered Agent	5110 N. ARMENIA AVE			
		reet address)		
N D 1 1000 411	TAMPA	•	33603	J
New Registered Office Addre		(City)	Florida	ip Code)
New Registered Agent's Signature, if a l hereby accept the appointment as regis			of the position	.
Thereby decept the appointment as regis	La Die	The solutions	oy the position	
	Signature of New F	Registered Agent, if changing		_

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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: XChange	<u>PT</u>	John Do	<u>>≥</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_	N/A	
Add				
Remove				
2) Change				
Add				
Remove 3) Change	•••	_ _		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Remove				
			Page 2 of 4	
E. If amending or adding additional Articles, enter change(s) here:				
(Attach <i>additional sho</i> N/A	eets, if ne	cessary).	(Be specific)	

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F. If an a	mendment	provides for an exchange, reclassification, or cancellat	the office of the	
provis	<u>nuns ior im</u>	piementing the amendment if not contained in the am-	endment itself:	
(g	f not applica	ble, indicate N/A)		
N/A				
		-		
				
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	·			
		D 3 - 2 4		
		Page 3 of 4		
TPL . A A		12/10/2019		
date this do	i each amei cument was	ndment(s) adoption:	, if other th	ian
4440 4110 40	outilette was	12/10/2010		
Effective d	ate <u>if appli</u>			
		(no more than 90 days after an	rendment file date)	

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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 ac by the shareholders was/were s		The number of votes cast for the amendment(s)
		through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was	were sufficient for approval
by		
• • • • • • • • • • • • • • • • • • • •	(voting group)	
☐ The amendment(s) was/were as action was not required.	dopted by the board of direc	ctors without shareholder action and shareholder
☐ The amendment(s) was/were as action was not required.	dopted by the incorporators	without shareholder action and shareholder
DatedSignature	19	
(By a select		officer – if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
	MAYELIN SANTOS	
	(Typed or pris	nted name of person signing)
	PRESIDENT	
	(Title of person signing)	