## P190000 65048

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## **COVER LETTER**

TO: Amendment Section

Division of Corpo	rations			
NAME OF CORPOR	ATION: MENT	HAL HEALT	h And Addiction	s Service
DOCUMENT NUMB	er: <u>71900</u>	0065048		
	of Amendment and fee are sub			
Please return all corres	pondence concerning this mat	ter to the following:		
	MiAN	Address  7 FL =  City/ State and Zip Code	And Addictions  We  33165  Comail. com  notification)	Services (
For further information	concerning this matter, pleas		notification)	
Saily	DELGADO	at ( 786	380 7/7/ de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	urtment 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		Ameno Divisio Clifton	Address Iment Section on of Corporations a Building Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

MENTHAL HEALTH AND Addic	ctions Se	Avices	COPP.
(Name of Corporation as currently	filed with the Florida Dept	. of State)	7
P19000065048			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section $607.1006$ , Florida Statutes, this $FI$ its Articles of Incorporation:	lorida Profit Corporation ad	opts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporation:			4
MENTAL HEALTH AND	Addictions	Dervice	15 COLP
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.	" "company," or "incorpo o". A professional corpora	rated" or the d	ibbreviation '
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<del></del> -
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 addressing registered agent and/or the new registered office address:	ss in Florida, enter the nam	ne of the	<del></del>
Name of New Registered Agent			
(2)			_
(Florida stree	t address)		
New Registered Office Address: (C	City)	, Florida(Zip	Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations	AUG 26 AETARY.I	
Signature of New Res	gistered Agent, if changing	FLORIO	Ü

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 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
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
, Add			
Remove			
C) (1)			
5) Change			
Add			
Remove			
6) Change			
Add		·	
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (If not applicable, indicate N/4)	tach additio	or adding addition on all sheets, if necestations of the contraction o	issary). (Be s <sub>i</sub>	pecific)				
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The date of each amendment(s) add date this document was signed.	ption: 08/23/2019	, if other than the
Effective date if applicable:		
	(no more than 90 days after amo	endment file date)
Note: If the date inserted in this blo document's effective date on the Dep		iling requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the sharcholders. The number of vote icient for approval.	es cast for the amendment(s)
	oved by the shareholders through voting grou ach voting group entitled to vote separately	
"The number of votes cast for	or the amendment(s) was/were sufficient for	approval
by	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder	action and shareholder
Dated	08/23/2019	
Signature		
, -	ector, president or other officer – if directors	
	by an incorporator – if in the hands of a rec d fiduciary by that fiduciary)	erver, trustee, or other court
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-	Saily Deloado (Typed or printed name of person	oion's s
	,	
_	PAGSIDENTE	
	(Title of person signin	g)