P20000066486

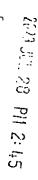
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: HOME BASED S	PEECH THERAPY INC			
	IBER: P20000066486				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Emma Hirsch				
		Name of Contact Persor	1		
	Hirsch Therapy, Inc.				
		Firm/ Company			
	4948 SW 33RD WAY				
		Address	_		
	FORT LAUDERDALE, FL	33312			
	City/ State and Zip Code				
	Emma.mallin@yahoo.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Emma Hirsch		954 at (235 9642		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐ \$43.75 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		Amend Divisio The C	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

HOME BASED SPEECH THERAPY INC.

(<u>Name c</u>	d Corporation as currentl	y filed with the Florida Dept. of State)		
P2000066486				
	(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 adopts the followin	g amend	ment(s) to
A. If amending name, enter the new na	ime of the corporation:			
HIRSCH THERAPY INC			The n	ew
	orp," "Inc," or "Co". A	company," or "incorporated" or the abbreviation for the professional corporation name must contain		
B. Enter new principal office address,		_ 	_	_
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	· ·	76 <u>2</u>	
			یت	-
				
C. Enter new mailing address, if appli			င်	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			_==	- J d
		· ·	Ÿ	
		<u> </u>	ວົາ	_
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	Barry Wasserstrom			
	5011 S STATE ROAD 7,	SUITE 107	-	
	(Florida str	vet address)	-	
New Registered Office Address:	DAVIE	, Florida 33314		
. ren registerea office manage.		(City) Gip G	Code)	_
		(2.0)	, tally	
New Registered Agent's Signature, if c	hanging Registered Agent	<u>:</u>		
I hereby accept the appointment as regist	ered agent. I am familiar v	with and accept the obligations of the position.		
Q	116	_		

Check if applicable

■ 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)

Example:

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	<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
1) Change	D. T. S	Jonathan Hirsch	4948 SW 33RD WAY
X Add			Ft. Lauderdale, FL 33312
Remove			2023
2) <u>x</u> Change	D. P	Emma Hirsch	4948 SW 33RD WAY
Add			Ft. Lauderdale, FL 33312 📸
Remove 3) Change			70 7
Add			_{:स} र्क
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
-	
	2021
	
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	28
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	o ≥:
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	2: 45
	CT.
	**.*.
	·-
_	

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The date of each amendment(s) adoption:late this document was signed.		_, if oth	er than th
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 locument's effective date on the Department of State's records.	will r	not be li	sted as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action action was not required.	and s	hareholo	der
■ 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):	~	2023	
"The number of votes cast for the amendment(s) was/were sufficient for approval	-	2023 JUL 28	
by" (voting group)			
tvoung group)		PΗ	
July 24, 2023	ر <u>اس</u>	PM 2:	
Dated		Ţ:	
Signature		-	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that tiduciary)			
EMMA HIRSCH			
(Typed or printed name of person signing)			_
President			

(Title of person signing)