P20000080853

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(City/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: GOAL BEHAVIO	OR INC	
DOCUMENT NUM	BER: P20000080853		
	s of Amendment and fee are si	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	JESSICA LAUZURIQUE S	ANCHEZ	
		Name of Contact Perso	n
		Firm/ Company	
	4400 N FEDERAL HWY, S	UITE 4	
	BOCA RATON, FL 33431	Address	
		City/ State and Zip Cod	e
	abahumanbehavior@gmail.c	om	
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	on concerning this matter, plea	se call:	
JESSICA LAUZURI	QUE SANCHEZ	786 at (247-9986
Name	of Contact Person	Area Co) 247-9986 de & Daytime Telephone Number
Enclosed is a check fo	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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment

	Articles of Incom	rporation -r l		
	GOO! Py	howar	INC	
. (Name	of Corporation as currently	080853	pt. of State)	
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this Fl	orida Profit Corporation	adopts the followin	g amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
		<u> </u>		_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "chartered." "professional association."	Corp." "Inc," or "Co". A i	mpany." or "incorporated professional corporation	''' or the abbreviation name must contai	on "Corp.," n the word
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)			
				r?
C. Enter new mailing address, if appl				· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST	OFFICE BOX)			
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-		<u>-</u>		
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addres w registered office address:	s in Florida, enter the na	ime of the	<i>1</i>);
Name of New Registered Agent	JESSICA LAUZURIQUE SA	ANCHEZ		
	4400 N FEDERAL HWY, SI	JITE 4	·	
	(Florida street	address)		-
New Registered Office Address:	Boca Raton		. Florida 33431	
registered vijiet	(C	ity)		Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agent: ered agent. I am familiar with	h and accept the obligation	ns of the position.	
	Z1	stered Agent. if changing		
-	Signature of New Regi	stered Agent, if changing		,
Check if applicable				

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	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		-	
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
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Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Pamaya			

	adding additional A al sheets, if necessary). (Be specific)			
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i an amenomei	it provides for an ex implementing the ar	cnange, reclassing	<u>cation, or cancellat</u> ontained in the am	ion of issued shares, endment itself:	
provisions for	icable, indicate N/A)			CHAINCH ROCH	
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The date of each amendment(s) adoption:, if other than the date this document was signed.
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 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 adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ 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): "The number of votes cast for the amendment(s) was/were sufficient for approval
by
Dated
Signature (By a director, pres)dent or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Jessica Lauzurique Sanchez
(Typed or printed name of person signing)
_ President
(Title of person signing)