P21000089221

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SECKERT OF STATE

M



June 9, 2023

christina marie ward

3552 southern pines dr middleberg, FL 32068

SUBJECT: ST.CLAIR MEDIATION, P.A.

Ref. Number: P21000089221

We have received your document for ST.CLAIR MEDIATION, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

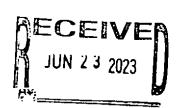
The last page of the document was missing, please complete the enclosed page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 623A00013139



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: St.Clair Mediation	, P.A.			
DOCUMENT N	P21000089221				
The enclosed Arti	cles of Amendment and fee are su	bmitted for filing.			
Piease return all c	orrespondence concerning this ma	tter to the following:			
	Christina Marie Ward				
	Name of Contact Person				
Pathways Resolution Center, Inc.					
Firm/ Company					
	3552 Southern Pines Dr.				
		Address	•	-	
	Middleburg, FL 32068				
		City/ State and Zip Cod	e	-	
	cward@pathwaysresolution.c	com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further inform	nation concerning this matter, pleas	se call:		10 (23 23	
Christina Marie V	Vard	at (254-0332	7528 JUN 23 SECKE STAILS	
Na	ime of Contact Person	Area Co	de & Daytime Telephone Numbe		
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fe	e \$\Bigcup \\$43.75 \text{ 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)	1 8: 52 	

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

St.Clair Mediation, P.A.				
(Name e	of Corporation as currently	filed with the Florida Dept. of State)		
P21000089221				
	(Document Number of	Corporation (if known)	· · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the followi	ng amendment(s) t	
A. If amending name, enter the new na	ame of the corporation:			
Pathways Resolution Center, Inc.			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contracted," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviat professional corporation name must conto	ion "Corp.,"	
 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 address. 		3552 Southern Pines Dr.		
		Middleburg, FL 32068		
		3552 Southern Pines Dr. Middleburg, FL 32068 ess in Florida, enter the name of the		
new registered agent and/or the new)#28 S.S.	
Name of New Registered Agent	Name of New Registered Agent Christina Marie Ward		SECKEL TALL	
	3552 Southern Pines Dr.		N 23	
	(Florida stre	et address)	• •	
New Registered Office Address:	Middleburg	32068 , Florida		
	(City) (Zip	Code) CATE	
New Registered Agent's Signature, if c	hanging Registered Agent:		·	
	tered agent. I am familiar w	ith and accept the obligations of the position.	_	

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)

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> <u>John</u>	n Doe		
X Remove	<u>V</u> <u>Mik</u>	c Jones		
X Add	<u>SV</u> <u>Sall</u>	y <u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) X Change	P	Christina Marie Ward	3552 Southern Pines Dr.	
Add			Middleburg, FL 32068	
Remove				
2) Change				
Add				
Remove Change				
Add			(1) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	5,612
Remove			<u> </u>	55-93 JUN 23
4) Change				123
Add			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Remove				ن. ر. ر.
5) Change				ř
Add			*******	
Remove			 	
6) Change				
Add				
Remove				

The date of each amendment(s) adoption: _	april	15	,2023	, if other than the
date this document was signed.	,			
Effective date if applicable:	april	15,	7073 er amendment file date	
	(no more than 9	o aays aji	er amendment file date,	,
Note: If the date inserted in this block does document's effective date on the Department	• •	cable stati	ntory filing requiremen	is, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or	board of c	lirectors without shareh	older action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		e number	of votes east for the an	iendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each votin				
"The number of votes east for the an	nendment(s) was/we	ere sufficie	ent for approval	
by				
(v	oting group)			
Dated 6/15/20	23			
Signature By a director, pro	esident or ether offic	cer – if di	rectors or officers have	not been
			f a receiver, trustee, or	
appointed fiducia	ry by that fiduciary)		, <u>~</u>
/ Y				17 123 P. 123
<u> (hr</u>	Trivos Grand (Typed or printed)	lait		
	(Typed or printed	name of p	person signing)	2028 JUN 23 SECHELLAND
5/1	oreholder,	Pie	sident	3 23
	(Title of person si	gning)		