Pasmo24471

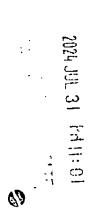
(Re	questor's Name)	1
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SCHNAIDMAN P	SYCHOLOGICAL SERV	ICES INC			
DOCUMENT NUMBER:	P23000024471					
The enclosed Articles of Amen	dment and fee are su	bmitted for filing.				
Please return all correspondenc	e concerning this ma	tter to the following:				
		AVRAHAM TRAHTEMB	ERG			
	Name of Contact Person					
	TRAHTEMBERG & MULERO CPA					
	Firm/ Company					
	730 NE 178TH TER					
	Address					
	MIAMI FL 33162					
		City/ State and Zip Code				
	TA	XATION@ACCOUNTAN	IT.COM			
E-n	nail address: (to be us	sed for future annual report	notification)			
For further information concern	ning this matter, pleas	se call:				
AVRAHAM TRAHTEMBERG		at (<u>305</u>	205-6200			
Name of Contac	et Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the foll	owing amount made	payable to the Florida Depa	artment of State:			
_	43.75 Filing Fee & ertificate 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee				
Tallahassec, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

SCHNAIDMAN PSYCHOLOGICAL SERVICES INC

(Name of Corporation as current	ly filed with the Florida Dept. of State)	
P230	00024471	
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the corporation:		
THE BRAIN PLACE INC.		21421C*
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Co A professional corporation name must contain the	rp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		— an
	20	— gd
	Iress in Florida, enter the name of the s:	
 If amending the registered agent and/or registered office add new registered agent and/or the new registered office address 	ress in Florida, enter the name of the	
N/A	<u> </u>	
Name of New Registered Agent		
(Florida sta	rcet address)	
rich heginerea Office haaress.	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		
Signature of New I	Registered Agent, if changing	
, ,		
Check if annlicable		

☐ 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.

Example: X Change	<u>PT</u>	John De	<u>oc</u>	
X Remove	<u>v</u>	Mike Je	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change			N/A	
Add				
Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	<u></u>			
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)	E∙	
, , , , , , , , , , , , , , , , , , , ,			
			,
N/A			
	<u> </u>		
		 	
			
*			
			·····
	p -		
F. If an amendment provides for an excha provisions for implementing the amen	nge, reclassification, or	cancellation of issued	shares,
(if not applicable, indicate N/A)	Jinem ii noi contained	in the amendment use	11.
N/A			
			
•		<u> </u>	

. . . .

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	AUGUST 01, 2024	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
JULY 2 Dated	22, 2024	
	About debut	
	a director, president or other officer - if directors or officers have not b	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other initiated fiduciary by that fiduciary)	court
	SHAINDL SCHNAIDMAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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