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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Speech and Langua	ige Services of the Treasure	e Coast, Inc.	
DOCUMENT NUMB				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	oondence concerning this mat	ter to the following:		
J	oanne M. Murphy			
-		Name of Contact Persor	1	
:	Speech and Language Serveies of the Treasure Coast, Inc.			
-	Firm/ Company			
:	2120 SE Herron Ave.			
-		Address		
i	Port St. Lucie, FL 34952			
-		City/ State and Zip Code	Ů.	
u n avah	andlanguageservices95@gm	eil com		
- specen		sed for future annual report	notification)	
	13-man address, (to be de	ned for future united report	nouncution)	
For further information	concerning this matter, pleas	se call:		
Joanne Murphy		at (489-1714	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
Ame Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

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Articles of Amendment **Articles of Incorporation** of

Speech and Language Services of the Treasure Coast, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P95000012359 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 840 SE Osceola Street B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Stuart, FL 34994 C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, ar 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 offic 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 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 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	N/A	N/A	N/A
Add			
Remove			-
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

N/A	ending or adding additional Artic An additional sheets, if necessary).	(Be specific)			
					
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	<u>-</u>	<u></u>			
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<u> </u>	<u></u>				
					
F. <u>Ifan s</u>	amendment provides for an excha	inge, reclassification	i, or cancellation of issu	ied shares,	
<u>provi</u>	isions for implementing the amen if not applicable, indicate N/A)	dment if not contain	ned in the amendment i	<u>tself:</u>	
•	<i>y</i> , <i>p</i> ₁ ,				
N/A					
N/A					

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
· —	3/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendme ufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were ac action was not required.	opted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were ac action was not required.	opted by the incorporators without shareholder action and shareholder	
8/20/19 Dated		
Signature	marero	
	director, president or other officer - if directors or officers have not be	
	ed, by an incorporator — if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	ourt
аррог	need ridderary by that ridderary)	
	Joanne M Murphy	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	