

995000046044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

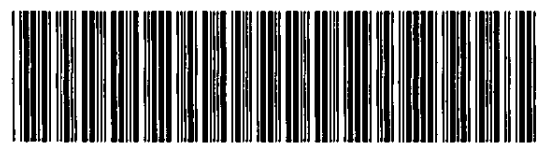
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/12--01014--007 **43.75

FILED
2012 JUL 23 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
7.24.12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PTSD, Inc.

DOCUMENT NUMBER: P95000046044

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jacqueline Nochimson
Name of Contact Person
PTSD, Inc.
Firm/ Company
16073 Bristol Isle Way
Address
Delray Beach, FL 33446
City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Nochimson at (561) 865-1280
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2012

JACQUEKINE NOCHIMSON
PTSD, INC.
16073 BRISTOL ISLE WAY
DELRAY BEACH, FL 33446

SUBJECT: PTSD, INC.
Ref. Number: P95000046044

We have received your document for PTSD, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 412A00016317

RECEIVED
DIVISION OF CORPORATIONS
JUL 23 2012

2012 JUL 23 AM 8:38

NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

Articles of Amendment
to
Articles of Incorporation
of

PTSD, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P95000046044

(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:

The new 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."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

16073 Bristol Isle Way

Delray Beach, Fl 33446

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

16073 Bristol Isle Way

Delray Beach, Fl 33446

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 Jacqueline Nochimson

16073 Bristol Isle Way

(Florida street address)

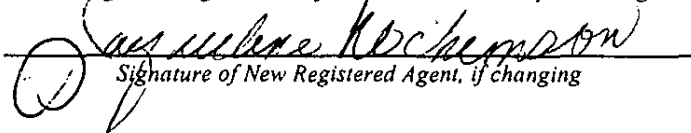
New Registered Office Address: Delray Beach, Florida 33446

(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, 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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change <u>XX</u> <u> </u> Add <u> </u> <u> </u> Remove	<u>V D</u>	<u>Jacqueline Nochimson</u>	<u>16073 Bristol Isle Way</u> <u>Delray Beach, Fl 33446</u>
2) <u> </u> Change <u> </u> <u> </u> Add <u> </u> <u> </u> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
3) <u> </u> Change <u> </u> <u> </u> Add <u> </u> <u> </u> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
4) <u> </u> Change <u> </u> <u> </u> Add <u> </u> <u> </u> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <u> </u> Change <u> </u> <u> </u> Add <u> </u> <u> </u> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <u> </u> Change <u> </u> <u> </u> Add <u> </u> <u> </u> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

The date of each amendment(s) adoption: May 30, 2012

Effective date if applicable: May 30, 2012
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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 _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated May 30, 2012

Signature Jack Nochimson
(By a director, president 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)

Jack Nochimson
(Typed or printed name of person signing)

Director/President
(Title of person signing)

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF
JACK NOCHIMSON

File No. _____
2012CP001289 SB

12 APR 17 AM 9:59

SHARON R. BOCK, CLERK
PALM BEACH COUNTY, FL
SOUTH CITY BRANCH-FILED

Deceased.

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Jack Nochimson, the deceased, a resident of Palm Beach County,
died on October 6, 2011, owning assets in the State of Florida, and

WHEREAS, Jacqueline Nochimson, has been appointed Personal Representative of
the decedent's estate and has performed all acts prerequisite to the issuance of Letters of Administration in the
estate,

NOW THEREFORE, I, declare Jacqueline Nochimson to be duly qualified under Chapter 33,
Florida Statutes to act as Personal Representative of the estate of Jack Nochimson, deceased,
with full power to administer the estate according to law, to ask, demand, sue for, recover and receive the
property of the decedent, to pay the debts of the decedent as far as the assets of the estate will permit and the law
directs, and to make distribution of the estate according to law.

ORDERED on April 16, 2012.

"Estate must be closed 12
Months from the date of order"

Brennan R.
Circuit Judge

Copy: Samuel R. Danziger, Esq.



STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true
copy as recorded in my office and the
same is in full force and effect.

THIS 13 DAY OF June, 20 12

SHARON R. BOCK
CLERK & COMPTROLLER

By Stephane B. Ruder
DEPUTY CLERK

Rule reference: 5.235

Statute reference: 733.302, 733.303, 733.602