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(((H23000369688 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone

: (407)841-1200

Fax Number

: (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

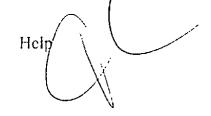
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COR AMND/RESTATE/CORRECT OR O/D RESIGN HELMAN HURLEY CHARVAT PEACOCK/ARCHITECTS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu



Fax: (850) 617-6380

Page: 2 of 5

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Articles of Amendment to Articles of Incorporation of

HELMAN HURLEY CHARVAT PEACOCK/ARCHITECTS, INC.

| TIEBRAN TOKEET CHARVAT TEACOCIVARCH | | | | _ | | _ |
|--|------------------------|-------------------------|------------------|----------------|---|---------|
| (Name of Corporation | n as currently filed | with the Florida Dep | t. of State) | | | |
| 475402 | | | | | | |
| (Docume | ent Number of Corpo | oration (if known) | | | | |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida | Profit Corporation a | dopts the follo | owing am | endme | nt(s) t |
| A. If amending name, enter the new name of the cor | rporation: | | | | | |
| | | | | TL | new | |
| name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev | or "Co". A profe | | | iation "C | orp., " | |
| B. Enter new principal office address, if applicable: | | | | | | |
| (Principal office address MUST BE A STREET ADDI | | | | | | |
| | | | | 5 | <u> </u> | |
| | | | | | 2_ | |
| C. Enter new mailing address, if applicable: | | | | | 72 | ,,,, |
| (Mailing address MAY BE A POST OFFICE BOX | <u></u> | | | - - <u></u> | <u>ري</u> | |
| | | | | 3.7 | 王 | |
| | | | | | - | رس_دا |
| | | | | | క్ట | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered o | | Florida, enter the na | me of the | | | |
| Name of New Registered Agent | | | | | | |
| | - | | | | | |
| | (Florida street addr | ress) | | | | |
| | · | , | E) () | | | |
| New Registered Office Address: | (Ciw) | | _, Florida { | Zip ('ode) | | |
| | • • | | · · | • | | |
| | | | | | | |
| New Registered Agent's Signature, if changing Regis | | | | | | |
| I hereby accept the appointment as registered agent. I | am familiar with and | I accept the obligation | is of the positi | on, | | |
| | | | | | | |
| | | | | | | |
| Signat | ure of New Registere | d Agent, if changing | | | | |
| Chack if applicable | | | | | | |
| Check if applicable The amendment(s) is/are being filed nursuant to s. 60 | 07 0120 (11) (e) ES | | | | | |

Fax: (850) 617-6380

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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)

Fax: 14072329822

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 Doc | |
|-------------------------------|-------------|-----------------|-------------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | DP | Harold N. Terry | 5016 Centennial Blvd., 3rd FL |
| Add | | | Nashville, TN 37209 |
| X Remove | DP | Mike Kolejka | 5016 Centennial Blvd., 3rd FL |
| 2) Change Add | | | Nashville, TN 37209 |
| Remove 3) Change | | | 2023 |
| Add | | | 2023 OC (23 |
| Remove 4) Change | | | 9 |
| Add | | | 99. |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Remove | | | |

| tom: | Leslie | Perr | rman. |
|------|--------|------|--------|
| rom: | LCSHC | Perm | vman – |

Fax: 14072329822

To:

Fax: (850) 617-6380

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| | | (((H23000369688 | 3))) |
|--|---|-----------------|--------------|
| E. If amending or adding additional Artic (Attach additional sheets, if necessary). | cles, enter change(s) here: (Be viceifie) | | |
| N/A | (in specyto) | | |
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| F. If an amendment provides for an exch | ange, reclassification, or cancellation of issued | shares, | |
| provisions for implementing the amer | ndment if not contained in the amendment itsel | <u>(f:</u> | |
| (if not applicable, indicate N/A) | | | |
| N/A | | | |
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| From: Leslie Perryman | Fax: 14072329822 | To: | Fax: (850) 617-6380 | Page: 5 of 5 | 10/23/2023 3:13 PM |
|-------------------------------|--|--------------------|--|---------------------------|-------------------------------|
| The date of eac | h amendment(s) ado ent was signed. | ption; Oct | ober 12, 2023 | (((H230003 | 69688 3))), if other than the |
| Effective date <u>i</u> | f applicable: | (no me | ore than 90 days after amendme | ent file date) | |
| | te inserted in this bloc ctive date on the Depa | | the applicable statutory filing records. | requirements, this date | will not be listed as the |
| Adoption of An | nendment(s) | (CHECK O | NE) | | |
| ☐ The amendm action was no | • | ted by the incorpo | rators, or board of directors with | hout shareholder action : | and shareholder |
| | ent(s) was/were adopt tolders was/were suff | | lders. The number of votes cas l. | t for the amendment(s) | ~ |
| | • • | • | olders through voting groups. | | 2023 OCT 23 |
| "The n | ımber of votes east fo | r the amendment(| s) was/were sufficient for appro | oval | 23 |
| by | | (voting grou | (q _l) | ·· ; | M 9: 44 |
| | Dated 18 Octobe | er 2023 | | | |
| | Dated | | Whichael | Kolejla | |
| | selected. | | other officer—if directors or of r—if in the hands of a receiver, fiduciary) | | · ····· |

(Typed or printed name of person signing)

(Title of person signing)

Michael Kolejka

President