PO1000-106409

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	state/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Доси	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: HALEX CORPORATION				
DOCUMENT NUMBER: P01000106409				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	LAUR	EN MAXV	VELL	
	LAUREN MAX WELL Name of Contact Person			
	HALE	Firm/ Company	ATION	
		Firm/ Company		
	9130 GALLERIA CT, SUITE 101 Address NAPLES, FL 34-109 City/ State and Zip Code			
		Address		
	NAP	LES, PL 3	34109	
		City/ State and Zip Code	e	
		44@ GMA		
	F	ed for future annual report		
For further information con	cerning this matter, pleas	e call:		
LAUREN MAX WELL at (239) 21 to 4444 Name of Contact Person Area Code & Daytime Telephone Number				
	ntact Person	at (Area Co	de & Daytime Telephone Number	
, vanc or oo	muct Person		ao et isa, inne Teraphone Tamber	
Enclosed is a check for the	following amount made p	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 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)	
Mailing .	Address		Address	
Amendment Section			iment Section	
Division of Corporations P.O. Box 6327			n of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

	ation as currently filed with the Florida Dept. of State)
· 	
	cument Number of Corporation (if known)
	rida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of th	corporation:
	The new word "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new registered.	stered office address in Florida, enter the name of the
Name of New Registered Agent	
The of the regimered light	
	(Florida street address)
New Registered Office Address:	, Florida
	at. I am familiar with and accept the obligations of the position.
5	ignature 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.

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	5	SAMANTHA SCAGUS	
Add			Naples FL 34/14
Remove			
2) Change Add	5	DANIEL KOWAL	9130 Galleria Ct Ste 101 Naples, FL 34109
Remove			7. 1. 2. 1. L. 2.410-1
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	6/1/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date vocartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	<u> </u>	
Signature	1/19 Rauren Maxwell	
(By a di selecteo	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Louren Maxwell	
	(Typed or printed name of person signing)	
	DT.	
	(Title of person signing)	