P05000/20303

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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YUSE OF 2017.



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: HENRY'S PERFO	DRMANCE CENTER INC		
	4BER: P05000120303			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all cor	respondence concerning this ma	tter to the following;		
	HENRY OUTHOUSE			
	A TABLE A TABL	Name of Contact Persor	1	
	HENRY'S PERFORMANCI	ECENTER INC		
		Firm/ Company		
	4617 ROUND LAKE ROAL)		
	<u> </u>	Address		
	APOPKA, FL 32712			
		City/ State and Zip Code	e	
For further informat	ion concerning this matter, pleas	407	461 (077	
Name of Contact Person		at (at (de & Daytime Telephone Number	
	for the following amount made \$\sumsymbol{\subsymbol{\sin}\sin\sin\sin\sin\sin\sin\sin\sin\sin\sin			
		(Additional copy is enclosed)	Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of



HENRY'S PERFORMANCE CENTER, INC.		7A17 400
(Name of Corpor	ration as currently filed with the Florida E	
P05000120303	7	SECRETARY OF STATE
(Doc	cument Number of Corporation (if known)	TLAHASSEE: FLORIDA
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Profit Corporation	n adopts the following amendment(s)
A. If amending name, enter the new name of the	e corporation:	
HJO ENTERPRISES INC.		The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	orp," "Inc." or "Co". A professional corp	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	(ble: (DDRESS)	
C. Estan say mailing address if applicable.		<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)	
 If amending the registered agent and/or registered agent and/or the new registered. 		name of the
Name of New Registered Agent		
Nume of New Neglister Agent		1 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Florida street address)	
New Registered Office Address:		, Florida
TEN Negative egite mares.	(City)	(Zip Code)
No. One is to make the make the Comment of the committee	Double and Amend	
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen	<u>xegistered Agent:</u> nt. I am familiar with and accept the obligat	tions of the position.
	Ganatura of Nave Registered Agent if changi	

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 fisted as the PST and Mike Jones is fisted 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> 7'4</u>	John Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				
2) Churan				
2) Change			•	
Add				
Remove				
3) Change				
Add				
Remove				
t) Chungu				
4) Change		_		
Add				
Remove				
5) Change				
Add	,			
				<u></u>
Remove				
6)Change		_	The state of the s	
Î/\dd				
Remove				

	cles, enter change(s) here: (Be specific)		
· · · · · · · · · · · · · · · · · · ·			
	- /		No. The State of Stat
f an amendment provides for an exch	ange, reclassification, or c	ancellation of issued sh	ares,
provisions for implementing the amen (if not applicable, indicate NA)	dment if not contained in	the amendment itself:	
7-7-7-			
			<u> </u>

04/04/17	
The date of each amendment(s) adoption:	, it other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state, must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehol action was not required.	der
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
04/04/17 Dated	
Signature S	
(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 co appointed fiduciary by that fiduciary)	
HENRY OUTHOUSE	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	