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COR AMND/RESTATE/CORRECT OR O/D RESIGN HARBOURSIDE CUSTOM HOMES, INC.

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December 14, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

HARBOURSIDE CUSTOM HOMES, INC. 8200 HEALTH CENTER BLVD. SUITE 104 BONITA SPRINGS, FL 34135US

SUBJECT: HARBOURSIDE CUSTOM HOMES, INC.

REF: S73945

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L05000080032.

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.

Tammi Cline FAX Aud. #: H23000426593

Regulatory Specialist II Supervisor Letter Number: 523A00028569

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H23000426593 3

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Articles of Amendment

Articles of Inc	_	
Harbourside Custom Homes, Inc		28 元
(Name of Corporation as current	ly filed with the Florida Dept. of St	ale) 55 2
\$73945		THE PHIS.
(Document Number o	of Corporation (if known)	77 19
Pursuant to the provisions of section 607, 1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts t	he following amendment(s) to
A. If amending name, enter the new name of the corporation:		
HCH FL, Inc.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name n	abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
		
		
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of o	<u>the</u>
new registered agent and/or the new registered office address N/A	<u>s:</u>	
Name of New Registered Agent		
	reet uddress)	
New Registered Office Address:	, Flori	
	(City)	(Zip Crale)
New Registered Agent's Signature, if changing Registered Agent	<u>u</u>	
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of th	e position.
Signature of New 8	Registered Agent, if changing	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(e), F.S.	

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It 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:

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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	PT John Do	<u>ne</u>	
X Remove	<u>V</u> <u>Mike Jo</u>	ones_	
X Add	SV Sally Si	nith	
Type of Action (Check One)	Title	Name	Address
1)Change			
Add			
Remove			
2) Change			
Add			<u></u>
3) Remove Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/4)	 If amending or adding additional Articles, enter chan (Attach additional sheets, if necessary). (Be specific) 	<u>ae(s) here</u> :
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	VA	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
	provisions for implementing the amendment if not c	cation, or cancellation of issued shares, ontained in the amendment itself:
		<u> </u>

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1123000426593 3 The date of each amendment(s) adoption: _______, if other than the date this document was signed. 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 date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) December 14, 2023 Dated Signature (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) Jerry E. Colton

(Typed or printed name of person signing)

President

(Title of person signing)