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(Ad	dress)	
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Special Instructions to	Filing Officer:	

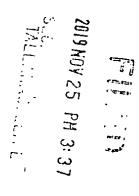
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C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: HBA INTERNAT	TONAL, INC.	
DOCUMENT NUN	D14000088822		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	respondence concerning this ma	nter to the following:	
	CHARISSE NERI		
		Name of Contact Persor	 I
HBA INTERNATIONAL, INC.			
Firm/ Company			
	3216 NEBRASKA AVE.		
		Address	
	SANTA MONICA, CA 9040)4 ~	
		City/ State and Zip Code	?
CH.	ARISSE.NERI@HBA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call: 310	586-2860
Name	of Contact Person		le & Daytime Telephone Number
inclosed is a check (or the following amount made	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)
An Di ^c P.C	niling Address nendment Section vision of Corporations D. Box 6327 llahassee, FL 32314	Amend Division The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

HBA INTERNATIONAL, INC.

(Name of Corporation as currently filed with the Florida Dept. of St.	<u>ate</u>)		
P14000088532			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607,4006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	e following	g amendm	ient(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the e"Inc.," or Co.," or the designation "Corp," "Inc," or "Co", A professional corporation name m "chartered," "professional association," or the abbreviation "P.A."			••
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2019 1107 25	ا عدا ہے
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	Č	/25 PM 3:	2 · · · · · · · · · · · · · · · · · · ·
new registered agent and/or the new registered office address:	r	င္ပာ ငပ	السعيمة
Name of New Registered Agent		8	
(Florida street address)			
New Registered Office Address:, Florid	la(Zip C	oder	
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)

Example:

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.

<u>X</u> Change	<u>17.1</u>	John Doc		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>8V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	D	CLAUDIA MACHADO	3216 NEBRASKA AVE.	
Add			SANTA MONICA, CA 90404	
X Remove				
2) Change	D	DAVID P. DUNPHY	LSE 3RD AVE., SUITE 1640	
X Add			MIAMI, FL 33131	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	•			
Add				
Remove				
		Page 2 of 4		
E. If amending or addir (Attach additional she	<mark>12 additi</mark> ets, if nec	ional Articles, enter change(s) here: cessary). (Be specific)		

					
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	<u> </u>				
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. If an amendment provides provisions for implement (if not applicable, indicable).	ing the amendment if				
	<u></u>				
	····				
				- .	
		Page 3 of 4			
	11/29/20	019			
he date of each amendment(ate this document was signed.	s) adoption:				, if other than the
	11/29/2019				
Iffective date <u>if applicable</u> : _		nore than 90 days afte	er amendment file date		

Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes east for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement oting group entitled to vote separately on the amendment(s):
"The number of votes cast for the	amendment(s) was/were sufficient for approval
hy	(voting group)
	(voting group)
The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated	
Signature	
(By a director, selected, by an	president or other officer – if directors or officers have not been inncorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)
RENE	G. KAERSKOV
-	(Typed or printed name of person signing)
DPT	
(Title c	of person signing)

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.