462153

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
· (Do	cument Number))
Certified Copies	_ Certificate	s of Status
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WC Amend-10/14/20

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Harding Investmen	nts, Inc		
	ER: 462153			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
N	Michael B. Stevens			
_		Name of Contact Person	1	
_		Firm/ Company	<u></u>	
F	O Box 1999			
		Address		
J	upiter, Florida 33467			
_		City/ State and Zip Code	e	
n	nichael@stevenslimited.com	1		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Michael B. Stevens		at (⁶¹⁷	352-2037	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Harding Investments, Inc.

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name	of Corporation as curren	tly filed with the Florida Dep	t. of State)
462153			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:		
Harding Investments II, Inc.			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation n	or the abbreviation "Corp.," name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		2005 Vista Parkway, Suite	210
		·· -	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO Box 1999	
		Jupiter, Florida 33467	55.55 2 C
			m o
D. If amending the registered agent an new registered agent and/or the ne			me of the column to the column
Name of New Registered Agent	Derrevere Stevens Black	& Cozad	-
	2005 Vista Parkway, Suit	e 210	
	(Florida s	treet address)	
New Registered Office Address:	West Palm Beach		. Florida 33411
		(City)	(Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agen	t:	
l hereby accept the appointment as regis			s of the position.
		11-	
	Mint	App	
	Signature of New I	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.

X Change <u>PT</u> John Doe X Remove V Mike_Jones <u>SV</u> Sally Smith <u>X</u> Add Type of Action Title <u>Address</u> <u>Name</u> (Check One) 1850 Bay Drive D Jack Stevens 1) ____ Change Miami Beach, Florida 33141 Add X Remove SD Charlotte Stevens 11111 Biscavne Blvd #420 2) ____ Change Miami, Florida 33181 ___ Add Remove Michael B. Stevens PO Box 1999 Change Jupiter, Florida 33467 Add Remove VPTheodore Stevens PO Box 1999 4) ____ Change Jupiter, Florida 33467 Add Remove PO Box 1999 D Henry Stevens 5) X Change Jupiter, Florida 33467 __ Add _ Remove Carol Penson-Stevens PO Box 1999 D 6) ____ Change Jupiter, Florida 33467 Add Remove

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<u>I an an</u> nrovisi	<u>nenament pro</u> ions for imple	<u>OVIGES for an ex</u> ementing the ar	<u>change, reclass</u>	ification, or cand	<u>ellation of issued</u> e amendment its	<u>a snares,</u> elf:	
(<i>if</i>	not applicabl	e, indicate N/A)	inclidate in the	contained in the	t amenament 113		
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The date of each amendment(s date this document was signed.) adoption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and	shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
8/20/20%	20	
Dated		
Signature /		
(By:	a director, president or other officer - if directors or officers have not been	_
	cted, by an incorporator - if in the hands of a receiver, trustee, or other court	
арро	pinted fiduciary by that fiduciary)	
	Michael B. Stevens	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	