## H42786

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## COVER LETTER

TO: Amendment Section Division of Corporations		15 H
NAME OF CORPORATION: The Hou		15 MAY 18
DOCUMENT NUMBER: H4276	Blo	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	1 3: 21 FL BRI
Please return all correspondence concerning this ma	•	影がこ
James 1	A. Stephens Name of Contact Person	_
	Name of Contact Person	
<del> </del>	Firm/ Company	_
1400 Villa	age Square Blva; Suite #3-	- 165
Tallahass	City/ State and Zip Code	
	City/ State and Zip Code	_
TLPC	Cherry 2 gol. com	
	sed for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Terri P. Boukatar, o	CPA at ( 850 ) 224-9608	
Name of Contact Person	Area Code & Daytime Telephone Numb	er
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
□ \$35 Filing Fee  □\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  \$\infty\$	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## **Articles of Amendment**

to Articles of Incorporation

Articles of Inco	rporation	- Page 0	1
of	T		
The Hour Glass,	inc.	#1	
(Name of Corporation as currently	filed with the Florida Dept. of State)		0
H 4278(	2	71	圣》
(Document Number of		ان تن	AH 3: 2
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Torida Profit Corporation adopts the fol	llowing amen	dment(s) to
A. If amending name, enter the new name of the corporation:			
		The	nau
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coverage" word "chartered," "professional association," or the abbreviation "F	Co". A professional corporation name	the abbrevia must contain	ition the
B. Enter new principal office address, if applicable:	1400 Village Sayare	Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	1400 Village Square Suite #3-165		_
	Tallahassee, FL 3		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1400 Village Squar Suite #3-165 Tallahassee, FL	e Blvd,	_
	Tallahassee, FL	31318	
D. If amending the registered agent and/or registered office address:  new registered agent and/or the new registered office address:	ess in Florida, enter the name of the		
	1/A - No Change		
Traine of the Meganerea Tigetti			
(Florida stre	et address)	<del></del>	
New Registered Office Address:	, Florida <i>City)</i>	(Zip Code)	_
·	•	•	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the pos	ition.	
. 1	/4		
•	A		
Signature of New Re	gistered 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.

Example: X Change	<u>PT</u>	John Doe		1/2	
X Remove	<u>v</u>	Mike Jone	<u>es</u>	NA	
X Add	<u>sv</u>	Sally Smit	t <u>h</u>	,	
Type of Action (Check One)	<u>Title</u>	7	<u>Vame</u>		Address
1) Change					
Add					
Remove					
2) Change					
Add					
Remove					<u> </u>
3 ) Change					
Add					
Remove					
4) Change				···	<u> </u>
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attach	ding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
·		
<u>-</u>		
If an a provi	nendment provides for an exchange, reclassification, or cancellation of issued shares, ions for implementing the amendment if not contained in the amendment itself:  Inot applicable, indicate N/A)	
		· <del></del>

The date of each amendment(s) adoption: May 11, 2015 , 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 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
by"  (voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
(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)
(Typed or printed name of person signing)
(Title of person signing)