# KO2845

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: D Hands Enterpris	es Inc				
DOCUMENT NUM	IBER: K02845					
The enclosed Article	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Andrew Hands					
	Name of Contact Person  D Hands Enterprises Inc DBA Hands-On Managment  Firm/ Company					
	6052 Sabal Hammock Circle					
	Address					
	Port Orange, FL. 32128					
		City/ State and Zip Cod	e e			
	andrew@handsmgt.com					
	-	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Andrew Hands		at (_386	8439000			
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:			
<b>\$</b> 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 P.G	nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303			

#### Articles of Amendment to Articles of Incorporation of

D. Hands Enterprises Inc	
(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
K02845	
(Document Nun	iber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:
	The new
	m," "company," or "incorporated" or the abbreviation "Corp.,"  "A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	'n
	- 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<del>-</del>
	<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
	<u></u>
Name of New Registered Agent	
(E)	ida street address)
	ua su cei adaress)
New Registered Office Address:	, Florida
	(M)
New Registered Agent's Signature, if changing Registered & I hereby accept the appointment as registered agent. I am fam	
Signature of l	New Registered Agent, if changing

### Check if applicable

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

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PD	David A Hands	6052 Sabal Hammock Circle
Add			Port Orange, FL, 32128
X Remove			
2) X Change	PD	Andrew D Hands	6052 Sabal Hammock Circle
Add			Port Orange, FL, 32128
Remove Change		_	Port Orange, FL, 32128
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> : 11/8/		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date woartment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder action at	nd shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
		. 1
M	18/2023	نَد مص
Dated	181 2023	<u>.</u>
Signature	AD	734 Feb. 15
	ector, 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	
appointe	ed fiduciary by that fiduciary)	₹.
	ANDREW O. HANDS	1. 0
- -	(Typed or printed name of person signing)	
	PRESIDENT / DIRECTOR.	
-	(Title of person signing)	