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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: HISON MARALMAT Inc. DOCUMENT NUMBER: NIGODODIAGA						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Name of Contact Person History Managery Firm/Company Address Address City/ State and Zip Code City/ State and Zip Code						
For further information concerning this matter, please call:						
April Bally 31, U(2), 2001. 4824						
Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)						

Mailing Address

TO: Amendment Section

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 Ingonographics

Articl	les of Incorporation	1		
William Managemen	t Inu			
(Name of Corporation as curre	ently filed with the	Florida Dept. of State)		
N 11600000 1400		, and the second		
(Document Nun	nber of Corporation	(if known)		
resuant to the provisions of section 617.1006, Florida Statumendment(s) to its Articles of Incorporation:	ates, this <i>Florida No</i>	t For Profit Corporation adopts	the follow	wing
If amending name, enter the new name of the corpora	ation:			
			The	new
Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u> .	<u>s</u>)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2. <u>2. 2.</u> 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	
			ASSEE.	. 19 Ph
. If amending the registered agent and/or registered of new registered agent and/or the new registered office		rida, enter the name of the	の発生の	91:11 Hd
Name of New Registered Agent:				
New Registered Office Address:		(Florida street address)		
		, Florida		
	(City)	(Zip Code)		
ew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am		rcept the obligations of the position	on.	
	Signature of New R	egistered 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:	, una isan	, small, or as an mare.	
X Change	<u>P.L</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	T	Derek bradley	1374 (288
Add Remove			30052
2) Change	5	Shannon DIKIM	257 CQ 217 0x ford ms
Add Remove 3) Change	10	Shonda Atkingin	38(155 910 S. Central Ant D
Add			New Albany MS 38052
4) Change Add	P	Snamori Aldridge	ADT. 211
Remove			Milimi Gardens 505
5) Change Add	1	Strge Stocan	SLEOZ NN 13th St Laugerhill FL
Remove			33311
6)Change	7	Kimberly biban	LAUDECHIN FL
Remove			33313

	9	(Be speci)	nc)					
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	e date of each amendment(s) adoption:	_, if other than the
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not becoment's effective date on the Department of State's records.	e listed as the
Ado	option of Amendment(s) (CHECK ONE)	
¥P)	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 7. 19	
	Signature Comment	_
	(By the chairman or fice chairman of the board, president or other officer-if directors	
	have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary) by that fiduciary)	
	April Bailer	
	(Typed or printed name of person signing)	
	(40)	
	(Title of person signing)	

and the second