Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN HFH FOREST GLEN, INC.

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SB-117-1/2.025

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Articles of Amendment to Articles of Incorporation of

Artic	es of Incorporation of		
HFH FOREST GLEN, INC.	Ot .		
Name of Corporation as currently filed with the Florida	Dept. of State)		
N25000006257			
(Document Num	ber of Corporation (ifknown)	
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this <i>Flurida Not</i>	For Profts Corporation adopts the	following
A. If amending name, enter the new name of the corpora	tion:		
			_The new
name must be distinguishable and contain the word "corport "Campany" or "Cp." may not be used in the name.	allon" or "incorpore	ited" or the abbreviation "Corp."	or "Inc."
B. Enter new principal office address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	()		
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		<u>(/.</u>	- 2ñ
Enter new mailing address, if applicable:		*C2	[];
(Mailing address MAY BE A POST OFFICE BOX)		717	- [
		* 5 a	. 8 . 8
		· .	<u> 18</u>
). If amending the registered agent and/or registered offi	ice address in Florid	de enter the name of the	= -:
new registered agent and/or the new registered office a	iddress:	: 1	-
Name of New Registered Agent:		•	
		(Florida sirees address)	
New Ragistered Office Address:			
	/m-1	, Florida	
	(City)	(Zip Code)	
ow Registered Agent's Signature, if changing Registered	Agenti	and at a subtraction of the sure We	
hereby accept the appointment as registered agent. I am fa	тшаг жин апа ассв	prime conganons of the position.	
Si	gnature of New Reg.	istered Agent, if changing	

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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, (f 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 hold. 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 X Remove X Add	PT John I V Mike SV Sally		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
ChangeAdd	<u>D</u>	CATHERINE OURAND	1490 DIGNITY CIRCLE COCOA , FL 32922
x Remove 2) Change	EXECUTIVE DIRECTOR	ROB CRAMP	1490 DIGNITY CIRCLE COCOA, FL 32922
Remove 3)	D/P	ANNA MARIA CURRY	1490 DIGNITY CIRCLE COCOA, FL 32922
4) <u>×</u> ChangeAdd	D/VP	JOHN VENICE	1490 DIGNITY CIRCLE COCOA, FL 32922
Remove 5)	D/S	ELEANOR GARRIGA	1490 DIGNITY CIRCLE COCOA, FL 32922
Remove 6) Change Add		···	
Remove C. <u>If amanding or add</u> (attach additional she	Ing additional Ar ets, if necessary).	ticles, enter change(s) herg (Be specific)	
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he date of each amendment(s) ac ate this document was signed.	doption:				, if other than the
ffective date <u>if applicable</u> :	7				
lote: If the date inserted in this blo ocument's effective date on the De	ock does not meet to partinent of State*	he applicable statuto s records.	ory filing requireme	ents, this date will no	ot be listed as the
doption of Amendment(s)	(CHECK	ONE)			
The amendment(s) was/were ac was/were sufficient for approve	dopted by the mem al.	ibers and the number	of votes east for th	ne amendment(s)	

(((H	250	002	594	187	3))	١
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Dated	07/24/2025
Dates	
Signatur	•
	(By the chairman or vice chairman of the board, prosident 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)
	ROU CRAMP
	(Typed or printed name of person signing)

(Title of person signing)