Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000369468 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number: 076077001702

: (407)841-1200

Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

			_		
E	m a	4	1	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN HHCP ARCHITECTS, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



Fax: 14072329822

To:

Page: 2 of 5

10/23/2023 2:14 PM

(((H23000369468 3)))

Articles of Amendment to Articles of Incorporation of

HHCP ARCHITECTS, P.A.				
(Name of Corporation as cu	rrently filed with the Florid:	a Dept. of State)		
P01000005069				
(Document Num	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpora</i>	tion adopts the following	g amendme	ent(s) to
A. If amending name, enter the new name of the corporation	on:			
			_The _new	Į*
name must be distinguishable and contain the word "corporatio "Inc.," or Co.," or the designation "Corp," "Inc." or "Co "chartered," "professional association," or the abbreviation	o". A professional corpora	ated" or the abbreviatio tion name must contain	n "Corp.,' i the word	i
B. Enter new principal office address, if applicable:	-,			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		₹.)23 (
		1	- CI	1 9
		<u> </u>		
C. Enter new mailing address, if applicable:		Š.		ં કું ગુે
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				
		* ':1-		
		•	~ ~	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		ie name of the		
Name of New Registered Agent				
(Flor	rida street address)			
	·	Diani ta		
New Registered Office Address:	(City)	, Florida	ode)	
	.,	·		
New Registered Agent's Signature, if changing Registered is Thereby accept the appointment as registered agent. Lam fam		antions of the position		
1 hereny accept the appointment as registered agent. I am jam	шағ жип апа ассері інс оющ	gations of the position.		
Signature of 1	New Registered Agent, if chan	ging		
Check if applicable				
☐ The amendment(s) is/are being filed pursuant to s. 607.0120) (11) (c). F.S.			

Fax: 14072329822

(((H23000369468 3)))

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)

From: Leslie Perryman

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	PT	John Doc	
X Remove	<u>∨</u>	Mike Jones	
A Remove	<u>~</u>	WIKE JOHES	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DP	Harold N. Terry	5016 Centennial Blvd., 3rd FL
, Add			Nashville, TN 37209
X Remove			7000
2) Change	DP	Mike Kolejka	5016 Centennial Blvd, 3rd F
X Add			Nashville, TN 37209
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u> .		
Add			
Remove			

From: Leslie Perryman Fax:	14072329822	To:
----------------------------	-------------	-----

Fax: (850) 617-6380

Page: 4 of 5 10/23/2023 2:14 PM

		(((H2	30003694	68 3)))
E. If amending or adding additional Articles, en (Attach additional sheets, if necessary). (Be sp	<u>ter change(s) here:</u> vecific)			
N/A	· ,			
			. = .	
····				
				
- · · · · · · · · · · · · · · · · · · ·				
				
				20/3 OCT
			i-	0.00
· · · · · · · · · · · · · · · · · · ·				<u>유</u> :
				~
			Ç,	<u> </u>
				ò F
				- +2
				~
F. If an amendment provides for an exchange, re	classification, or cancella	ation of issued shares,		
provisions for implementing the amendment (if not applicable, indicate N/A)	if not contained in the ar	nenament itself:		
N/A				
	- 		 	
				
 -				_
			<u> </u>	
	·			

From: Leslie Perryman	Fax: 14072329822	To:	Fax: (850) 617-6380	Page: 5 of 5	10/23/2023 2:14 PM				
	h amendment(s) ado	ption:(October 12, 2023	(((H230003	59468 3))) if other than th				
date this docum	ent was signed.								
Effective date <u>i</u>	f applicable:		no more than 90 days after amendment file						
		(1	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 locument's effective date on the Department of State's records.								
Adoption of Ar	nendment(s)	(CHEC	CK ONE)						
☐ The amendm	•	ed by the inc	orporators, or board of directors without s	hareholder action a	nd shareholder				
	ent(s) was/were adop holders was/were suff	•	areholders. The number of votes cast for toroval.	he amendment(s)					
			narcholders through voting groups. The fooup entitled to vote separately on the amer						
"The n	umber of votes cast fo	r the amendn	nent(s) was/were sufficient for approval						
bv									
. —		(voting	group)						
	Dated18 October	. 2023	Michael B	dela					
	Signature			0	2(
	(By a dire selected,	ctor, presider by an incorpo	nt or other officer - if directors or officers orator if in the hands of a receiver, truste that fiduciary)		[:::] 2023 OCT 2				
	N	lichael Kole	jka	S or	(A)				

(Typed or printed name of person signing)

(Title of person signing)

President