PO 1000 106 409

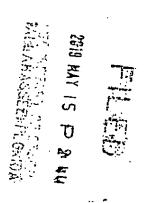
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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Halex (•			
DOCUMENT NUMBER: PO 1000 10 6	409			
The enclosed Articles of Amendment and fee are su	abmitted for filing.			
Please return all correspondence concerning this ma	itter to the following:			
Lauren Halex Cu: 4130 Galleria Naples, Fl LMax 4444 @ E-mail address: (to be u	Address 3409 City/ State and Zip Code	21		
For further information concerning this matter, please call:				
Name of Contact Person	at (<u>33</u> 4) Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:		
S35 Filing Fee S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Halex Corporation
(Name of Corporation as currently filed with the Florida Dept. of State)
_ PU1000106409
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Gode)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered 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	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Lauren Haxwell	9130 Galleria Ct ste 101
X Add			Naples, FL 34109
Remove			_
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days afte	er amendment file date)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately provided.	
"The number of votes cast for the amendment(s) was/were sufficien	a for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
Dated_ 4/10/19	
Signature T	
(By a director, president or other officer – if dire	ectors 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)	
Tanlel Kow (Typed or printed name of po	4
Secretury (Title of person s	
(Title of person s	igning)