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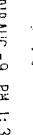


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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| NAME OF CORPORATION: HCM Regity Inc. |
| DOCUMENT NUMBER: VOLOOOSI99 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Hope stoller |
| Name of Contact Person |
| Firm/ Company |
| 10837 (Marteston Pl. |
| Copper Uty FL 33026 City/ State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Hope stoller aggy 610-0605 |
| 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 (Additional copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed) |

<u>Street Address</u> Amendment Section Division of Corporations

Clifton Building

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

Articles of Amendment

to

Articles of Incorporation

| | 10 | |
|--|---|---------------|
| HCM | 1 Realty Inc. | |
| (Name of Corpo | oration as currently filed with the Florida Dept. of State) | |
| P07.00 | 0003199 | |
| (Do | ocument Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Floas Articles of Incorporation: | lorida Statutes, this Florida Profit Corporation adopts the following amendment | nt(s) to |
| A. If amending name, enter the new name of th | he corporation: | |
| Hope St | FOLLEY, P.A. The new | |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or B. Enter new principal office address, if application of the contained of the containe | cable: 10837 (harteston) | <i>)</i> /, |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>E BOX</u>) | |
| | 77 23 | |
| | - 100 mg | . 43 |
| D. If amending the registered agent and/or reg | gistered office address in Florida, enter the name of the | 그 분 - ruor |
| new registered agent and/or the new registe | tered office address: | 14 |
| Name of New Registered Agent | | î į |
| | | 4-1 |
| | (Florida street address) | |
| New Registered Office Address: | , Florida | |
| | (City) (Zip Code) | |
| | | |
| | Declarated Assets | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | gent. I am familiar with and accept the obligations of the position. | |
| V 11 15 10 | | |
| | | |
| | Company of Man Description of Assert of absorption | |
| | 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.

| Mike Jones, V as Remove Example: | , and Sal | lly Smith, SV as an Add. | |
|----------------------------------|--------------|--------------------------|-----------------|
| X Change | PT | John Doc | |
| 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 | | - | |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| / Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | - | |
| Remove | | | |
| | | | |
| 4) Change | | - | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | adding addit il sheets, if ne | cessarv). (Be sj | pecific) | | |
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| for amondmor | nt manifelay fi | | aalassifiaation on oo | ncellation of issued shares, | |
| | | | | the amendment itself: | |
| provisions for | icable, indica | ite N/A) | | | |
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| The date of each amendment(s) adoption:date this document was signed. | , if other than the |
|--|---------------------------|
| Effective date if applicable: | |
| (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 document's effective date on the Department of State's records. | will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated Ay 6,2019 | |
| Signature + CNC Stally | |
| (By a director, president of other officer – if directors 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) | |
| Hope Stoller | |
| (Typed or printed name of person signing) | |
| Prosident | |
| (Title of person signing) | |