P03000002318

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



600273600926

06/04/15--01033--001 **35.00

ASSESSMENT OF SOURCESSMENT OF SOURCE SOURCE

JUN 12 2015

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORA	TION: HISI, Inc.		
DOCUMENT N		P03000022318		
The enclosed Art	ticles of .	Amendment and fee are su	bmitted for filing.	
Please return all	correspo	ndence concerning this ma	tter to the following:	
	Jas	son D. Hisey		
	_		Name of Contact Person	1
	H	SI, Inc.		
	_		Firm/ Company	
	16	125 Bridgepark Drive		
			Address	
	Li	thia, FL 33547-4854		
			City/ State and Zip Code	2
	jason@h	iisinet.com		
<u>-</u>			sed for future annual report	notification)
For further inform	nation c	oncerning this matter, pleas	se call:	
Sandra Hisey			at (_) 661-2333
N	ame of (Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a che	ck for th	ne following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fo	ee	□\$43.75 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 Iment Section on of Corporations Building yegutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

HISI, Inc.					
	f Corporation as current	tly filed with the Florida Dep	t. of State)		
P03000022318					
	(Document Number of	of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the following	amendmen	t(s)
A. If amending name, enter the new na	me of the corporation:				
N/A			,	The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designword "chartered," "professional associated associated the contract of the contrac	ation "Corp," "Inc," or	"Co". A professional corpora	orated" or the abl	reviation	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		16125 Bridgepark Drive	16125 Bridgepark Drive		
		Lithia, FL 33547-4854			
		PO Box 1669 Riverview, FL 33568-1669		DIVISION:	: A) ¶ 5
			·	Z	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and new registered agent and/or the new			ne of the	AH 10: 13	
Name of New Registered Agent				-	
	16125 Bridgepark Drive				
	(Florida si	treet address)			
New Registered Office Address:	Lithia	ia		33547-4854 Torida	
		(City)	(Zip Co	ide)	
New Registered Agent's Signature, if cl I hereby accept the appointment as registe	nanging Registered Agen ered agent. I am familiar	<u>t:</u> with and accept the obligation	s of the position.		
	andia High	Sandia Registered Agent, if changing	Histy		

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	P	David C. Hiscy	
Add X Remove			
2) Change	<u>s</u>	Sandra M. Hisey	
Add X Remove			
3) Change	P	Jason D. Hisey	16125 Bridgepark Drive
X Add			Lithia, FL 33547-4854
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional shee	g additional Arti ts, if necessary).	(Be specific)	<u></u>		
			· · · · · · · · · · · · · · · · · · ·		
				·	
If an amendment pro provisions for imple (if not applicable	menting the amen , indicate N/A)	ndment if not co	ntained in the am	tion of issued shar endment itself:	'es.
00 Shares issued to new	owner, Jason D. I	Hisey.			

The date of each amendment date this document was signed		, if other than th
•	December 31, 2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmen ere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states ed for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	der
·	27, 2015	
Signature _	Sandia M. Tohsen	
(E	By a director, president or other officer – if directors or officers have not bee elected, by an incorporator – if in the hands of a receiver, trustee, or other coppointed fiduciary by that fiduciary)	
	Sandra M. Hisey	
	(Typed or printed name of person signing)	
	Secretary	
	(Title of person signing)	