P03000075636

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: HARRIS CULVER	T INCORPORATED	
	BER: PO3000075636		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	JESSICA BAKER		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	
	HARRIS CULVERT INCOR	PORATED	
		Firm/ Company	
	275 BRIARWOOD DRIVE		
		Address	
	BUNNELL, FL 32110		
		City/ State and Zip Code	
	HARRISCULVERT@GMAI	L.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati JESSICA BAKER	on concerning this matter, pleas	se call: _at (931-1186
Namo	of Contact Person	Area Coc	_/le & Daytime Telephone Number
Enclosed is a check t	for the following amount made		•
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ar Di P.G	ailing Address nendment Section vision of Corporations D. Box 6327 Hahassec, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment Articles of Incorporation of

	of	
HARRIS CULVERT INCORPORATED		and the second
(Name of Corporatio	n as currently filed with the Flor	ida Dept. of State)
PO3000075636		ZIII
(Docume	ent Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida ts Articles of Incorporation:	Statutes, this Florida Profit Corpo	oration adopts the following amendment(s) to
. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co". A professional corpo	porated" or the abbreviation "Corp.," oration name must contain the word
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADD		
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>X</u>)	<u> </u>
 If amending the registered agent and/or register new registered agent and/or the new registered of 		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the c	obligations of the position.
, , , , ,		
		
Signa	iture of New Registered Agent, if c	hanging

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Dog	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	V	TRACEY J. BAKER	II REYBELL LANE
Add			PALM COAST,FL 32164
X Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)			
				
		· · · · · · · · · · · · · · · · · · ·		
				
				
	 -			•
				•••
		 		
-				
f an amendment provides for an exch	uman madaqqiffantian an	annuallation of ice	rad charac	
provisions for implementing the ame	ndment if not contained i	n the amendment	itself:	
(if not applicable, indicate N/A)				
				
				

		04/29/2024 option:	, if other than th
	e if applicable:		
	<u></u> .	tno more than 90 days after amendment file da	ite)
		ock does not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as th
Adoption of .	Amendment(s)	(<u>CHECK ONE</u>)	
	dment(s) was/were ado s not required.	oted by the incorporators, or board of directors without shar	eholder action and shareholder
	dment(s) was/were ado nreholders was/were su	oted by the shareholders. The number of votes east for the afficient for approval.	nmendment(s)
must be se	eparately provided for	roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amenda	
		or the amendment(s) was/were sufficient for approval	
by _		(voting group)	
	04/29/2024		
	Dated	sica Baker	
	(By a di selected	rector, president or other officer – if directors or officers have, by an incorporator – it in the hands of a receiver, trustee, old fiduciary by that fiduciary)	
		IESSICA BAKER	
		(Typed or printed name of person signing)	
		PRESIDENT	
		(Title of person signing)	