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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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

Account Number : 076077001702 Phone : (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.

Email Address:___

COR AMND/RESTATE/CORRECT OR O/D RESIGN HHCP ARCHITECTURE, INC.

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Page Count	04
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

To:

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

Articles of Amendment to Articles of Incorporation of

HHCP ARCHITECTURE, INC.				
(Name of Corporation as curren	tly filed with the Florid	a Dept. of State)		
P03000088829				
(Document Number	of Corporation (if known	1)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corpora	ation adopts the follo	wing amendn	ient(s) te
A. If amending name, enter the new name of the corporation:				
			The ne	и'
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corpora	rated" or the abbrev tion name must co	iation "Corp., ntain the wor	 A
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 MAY BE A POST OFFICE BOX)				
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.		he name of the	. 21	
Name of New Registered Agent)Z2	
/Florida v	street address)	-	— SEP	, T. T.
	Tree tadressy		23	i andria
New Registered Office Address:	(City)	, Florida 7	<u>o`</u> Zifi CodeF o	מינים ביים
	• • • • • • • • • • • • • • • • • • • •	F 	H 12	
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	<u>nt:</u> r with and accept the obli	igations of the positi	96 00.	ASTR
Signature of New	Registered Agent, if chan	nging		
Check if applicable				

From: Leslie Perryman

Fax: 14078411200

To:

Fax: (850) 617-6380

Page: 3 of 5

09/23/2022 1:16 PM

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	<u>Name</u>	<u>Addres</u> s	
l) Change	DP	Harold N. Terry	5016 Centennial Blvd., 3rd Floor	
X Add		-	Nashville, TN 37209	
Remove				
2) Change	DST	Erik A. Clinite	5016 Centennial Blvd., 3rd Floor	
X Add			Nashville, TN 37209	
Remove 3) X Change	VP	Michael K. Chatham	120 N. Orange Avenue	
Add			Orlando, FL 32801	
Remove			2022	
4) X Change	VP	Gregory J. Dungan	120 N. Orange Avenue	1
Add			Orlando, FL 32801 2 2	٠.
Remove			<u> </u>	
5)Change	-		SE PH SE PH 2: 06	,
Add				
Remove				
6) Change				
Add				
Remove				

Fax: 14078411200

To:

ttach additional sheets, if necessary). (Be specific)			
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an amendment provides for an exchange, reclassification, or cancellation of issued shares,			
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
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From: Lestie Perryman

Fax: 14078411200

To:

Fax: (850) 617-6380

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The date of each amendment(s) a	June 1, 2022 doption:	, if other th	nan the
date this document was signed. Effective date if applicable:			
Estecure date it apparente.	(no more than 90 days after amendment file date)		
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	vill not be listed	as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without shareholder action a	nd shareholder	
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.		
•	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):		
'The number of votes cas	for the amendment(s) was/were sufficient for approval		
ьу	(voting group)		
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)		
	Harold N. Terry		
	(Typed or printed name of person signing)	7. T	
	President	2022 SE	
	(Title of person signing)	P 23 PH I2: 06	