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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: HILARY E. DUNG	CAN, INC.	
DOCUMENT NUMI	BER: P03000139885		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	SCOTT B SANDFORT CPA		
		Name of Contact Person	n
	BASS & SANDFORT ACC	OUNTANTS PA	
		Firm/ Company	
	1301 W GARDEN ST	rini Company	
		Address	
	PENSACOLA, FL 32502		
		City/ State and Zip Cod	e
· OFFI	CE@BASSTAX.NET		
<u> </u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (<u>850</u> at (. 434-5899
Name of Contact Person		at (Area Co) de & Daytime Telephone Number
	r the following amount made		•
\$35 Filing Fee	☐\$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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

HILARY E. DUNCAN, INC.

16 AUG 22 AH 10: 29

HILARY E. DUNCAN, INC.		SECULTATION	
(Name of Corporation	as currently filed with th	ne Florida Dept. of State)	FLORIDA
P03000139885			,
(Documer	Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	atutes, this <i>Florida Profit</i>	Corporation adopts the following	llowing amendment
A. If amending name, enter the new name of the corp	oration:		
N/A			The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	'Inc," or "Co". A profe		the abbreviation
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDR	<u></u>)		
C. Enter new mailing address, if applicable:	N/A		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	11/74		.
		• • • •	
D. If amending the registered agent and/or registered		a, enter the name of the	
new registered agent and/or the new registered of	ce address:		
Name of New Registered Agent N/A			
	(Florida street address)		
New Registered Office Address:		. Florida	
The state of the s	(City)	, 1101144	(Zip Code)
•			
New Registered Agent's Signature, if changing Regist		et the alliantions of the way	
hereby accept the appointment as registered agent. I a	n Jamiliar with and accep	ot the obligations of the pos	non.
Signatu	ra of New Pagistard Aga	of if all and in a	

address of each Officer and (Attach additional sheets, if Please note the officer/direct P = President; V = Vice President; V = Vice President, Teasurer, Changes should be noted in a change, Mike Jones leave Mike Jones, V as Remove, of the Additional Sheet President	nd/or Differession title resident, Chief Finante Director the follows the contractor the follows the contractor the follows the contractor than the contractor th	irector be ary) ze by the fil the Trea inancial re would be lowing me orporation	eing added: rst letter of the office title: tsurer; S= Secretary; D= Director; TR= Tr Officer. If an officer/director holds more the PTD. anner. Currently John Doe is listed as the Fands, Sally Smith is named the V and S. These so	director being removed and title, name, and nustee; $C = Chairman \ or \ Clerk; \ CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is hould be noted as John Doe, PT as a Change,$
Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
	V	_	MCKINNEY, ROBERT	1023 E LEE ST
Add				PENSACOLA, FL 32503
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
o)Change		-		

Remove

If 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) A	(Atta	ch additional sheets, if necessary). (Be specific)
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A	pro	visions for implementing the amendment if not contained in the amendment itself:
		(if not applicable, indicate N/A)
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	08/10/16	
The date of each amendment(s) adop date this document was signed.	tion:	, if other than the
.08/10/1	6	
Effective date if applicable:	(no more than 90 days after amendmen	t file date)
Note: If the date inserted in this bloc document's effective date on the Depart	k does not meet the applicable statutory filing retment of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast finent for approval.	or the amendment(s)
	red by the shareholders through voting groups. The ch voting group entitled to vote separately on the c	
	the amendment(s) was/were sufficient for approva	ıl
by	(voting group)	,,
•	(voting group)	
	d by the board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action	and shareholder
Dated	-20 -16	
Signature	If I D	
	for, president or other officer – if directors or officer	
	y an incorporator – if in the hands of a receiver, tr fiduciary by that fiduciary)	ustee, or other court
••	LARY E DUNCAN	
_	(Typed or printed name of person signing)
PR	ESIDENT	
 -	(Title of person signing)	