P05000073468

Office Use Only



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COVER LETTER

Division of Corporations HEBERT INVESTMENT ADVISORS, INC. NAME OF CORPORATION: 5000073468 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ERT INVESTMENT ADVISORS,
Firm/Company NEW SMYRNA BEACH, FL 32168
City/ State and Zip Code RHEBERT 500 @ YAHOO. GOM F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

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HEBERT INVESTMENT		
(Name of Corporation as currently t	filed with the Florida Dept, of State	<u>e</u>)
	73468	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	lorida Profit Corporation adopts the	following amendment(s)
A. If amending name, enter the new name of the corporation:	/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation nam	or the abbreviation
B. Enter new principal office address, if applicable:	NIA	
(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)	N/A	25 00 25 20 25 20 25 20
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent	NIA	
2915 f Florida street	PALMA LANE (address)	
New Registered Office Address: NEW SMYR	EUA BEACH, Florida	32168 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the p	osition.
	PIA	_
Signature of New Reg	gistered 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.

Example:			
X Change	PT Joi	<u>hn Doe</u>	work and weed change
X Remove	<u>V</u> <u>Mi</u>	ike Jones	NOTE: ONly need change to the Address
X Add	<u>SV</u> <u>Sa</u>	lly Smith	70 11.5
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PST	RICHARD C. HEBERT	_ 2915 PALMA LANE
Add			NEW SMYRNA BEACH, FL 3216
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artical Artical Artical Additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	*2) A
	NA
1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984	
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	NA
	•
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The date of each amendment(s) adoption	n: NA	if other than the
date this document was signed.	a1/A	
Effective date if applicable:	W/A	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	loes not meet the applicable statutory filing requirements ent of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	•
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amer at for approval.	ndment(s)
	by the shareholders through voting groups. The following voting group entitled to vote separately on the amendment	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted be action was not required.	y the board of directors without shareholder action and sh	archolder
☐ The amendment(s) was/were adopted be action was not required.	y the incorporators without shareholder action and shareholder	older
Dated	0/2/16	
Signature	Munust	
(By a director	, president or other officer - if directors or officers have n	
	in incorporator – if in the hands of a receiver, trustee, or of uciary by that fiduciary)	her court
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	