P05000097170

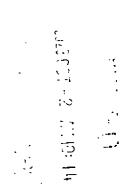
(Requestor's Name)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Highlands Sheds, I	nc.			
DOCUMENT NUME	PASAAAA4717A				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Ted W. Hair				
	Name of Contact Person				
Firm/ Company					
177 US Hwy 27 South					
Address					
	Sebring, FL 33870				
	City/ State and Zip Code				
For further informatio	n concerning this matter, plea	sed for future annual report se call:			
Ted W. Hair		at ()		
Name of Contact Person		Area Co) de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

riigniands Sneds, Inc.			· · · · · · · · · · · · · · · · · · ·
(<u>Name</u>)	of Corporation as current	y filed with the Florida Dept.	of State)
P05000097170			1.12:14
- , - , 	(Document Number o	t Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation add	ppts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc." or "Co"	A professional corporation na	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>			
D. If amending the registered agent ar new registered agent and/or the new			e of the
Name of New Registered Agent	Ted W. Hair	·-	
	177 US Hwy 27 South		
	(Florida str	reet address)	 _
New Registered Office Address:	Sebring		33870 Florida
New Registered Office Hadress.		(City)	(Zip Code)
New Registered Agent's Signature, if c			of the position.
/	Signature of New R	egistered Agent, if changing	

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Ted W. Hair	177 US Hwy 27 South
X Add			Sebring, FL 33870
Remove			
2) Change	VP	Belinda Higbee	177 US Hwy 27 South
XAdd			Sebring, FL 33870
Remove 3) Change	PST	Robert Earl Hair	177 US Hwy 27 South
Add			Sebring,FL33870
X Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			-
6) Change			
Add			
Remove			

(Attach addita	or adding additional A ional sheets, if necessary). (Be specific)				
			••			
						
						
			· · · · · · · · · · · · · · · · · · ·			
	<u>, </u>	·				
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If an amond	mant agasidas for an as	cahanaa madaccific	ation or anneally	stion of ice and cl	harm	
provisions	ment provides for an ex for implementing the ar	mendment if not co	ntained in the ar	nendment itself	<u> </u>	
(if not a	upplicable, indicate N/A)					
•						-
			· · · · · ·			-
						
<u> </u>	_					
	- .					
						

	09/28/2023	
The date of each amendment(s) ac	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
Enective date it appricable.	(no more than 90 days after amendment file dat	ie)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirement partment of State's records.	ints, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without share	cholder action and shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the a flicient for approval.	mendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amendm	ving statement vent(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	v.	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
Dated		
·		
Signature -	after	
(By a di	rector, president or other officer - if directors or officers hav	
	I, by an incorporator – it in the hands of a receiver, trustee, o	r other court
appoint	ed fiduciary by that fiduciary)	
	Ted W. Hair	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)