

PI 0000058794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

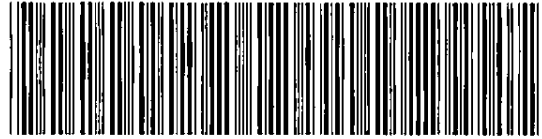
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 DEC 30 AM 10:19

FILED

DAVID R. FARBSTAIN, P.A.

Attorney at Law

1856 N. Nob Hill Road, #186
Plantation, Florida 33322
Phone (954) 586-0441
Fax (954) 586-0444
david@davidfarbsteinpa.com

December 2, 2024

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: HDH CORPORATION

Dear Sir or Madam:

Please find enclosed Articles of Amendment for the above-referred company. My office account check no. 5021 in the amount of \$35.00 is included.

Please file and return a copy to my office

Very truly yours,



DAVID R. FARBSTAIN, ESQ.
DRF/me

Articles of Amendment
to
Articles of Incorporation
of

HDH CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000058794

(Document Number of Corporation (if known))

FILED
2024 DEC 30 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

✓ HARISH MOKHASANIA
1416 STACEY VIEW WAY
APEX NC-27523

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

✓ HARISH MOKHASANIA
1416 STACEY VIEW WAY
APEX NC-27523

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

~~HARISH MOKHASANIA~~ SANJAY MOKHASANIA

✓ 122 Brookgreen Way

(Florida street address)

New Registered Office Address:

St. Augustine

Florida

32092

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Sanjay

Signature of New Registered 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input checked="" type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	VP	VAISHALI PATEL	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
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<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

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[illegible]

The date of each amendment(s) adoption: 9.14.24 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated, / 09-14-24

Signature / [Signature]
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

HARISH R. MOKHASANIA

(Typed or printed name of person signing)

VP2

(Title of person signing)