

P11 000031217

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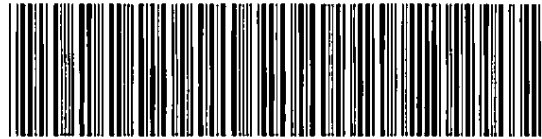
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HQZ PROFESSIONALS, INC

DOCUMENT NUMBER: P11000031217

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN BURTON

Name of Contact Person

HQZ PROFESSIONALS, INC

Firm/ Company

360 CENTRAL AVENUE SUITE 800

Address

SAINT PETERSBURG, FL 33701

City/ State and Zip Code

BEN.BURTON@HQZPRO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BENJAMIN BURTON

Name of Contact Person

at (727)

851-5085

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

X \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

FILED

HQZ PROFESSIONALS INC.

2024 MAR -1 PM 4:39

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

P11000031217

(Document Number of Corporation (if known))

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:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp."
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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

Name of New Registered Agent Benjamin Burton
2801 Dr Martin Luther King Jr St S
(Florida street address)

New Registered Office Address: SAINT PETERSBURG, Florida 33705
(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.


Signature of New Registered 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)

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 type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<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	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<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	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. 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:

[illegible]

FEBRUARY 28, 2024

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

Effective date if applicable: FEBRUARY 28, 2024
(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)

FEBRUARY 28, 2024

Dated _____

Signature Benjamin Burton -
(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)

BENJAMIN BURTON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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hqz

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Detail by Entity Name

Florida Profit Corporation
HQZ PROFESSIONALS INC.

Filing Information

Document Number	P11000031217
FEI/EIN Number	27-4694211
Date Filed	03/28/2011
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	12/19/2023
Event Effective Date	NONE

Principal Address

360 CENTRAL AVENUE, SUITE 800
SAINT PETERSBURG, FL 33701

Changed: 03/01/2023

Mailing Address

360 CENTRAL AVENUE, SUITE 800
SAINT PETERSBURG, FL 33701

Changed: 03/01/2023

Registered Agent Name & Address

RUBINI AND ASSOCIATES LAW FIRM, P.A.
111 2ND AVENUE NE, STE 341
SAINT PETERSBURG, FL 33701