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TO SECRETARY OF STATES
TALLAHASSEE, FLORIDA

SEP 2 9 2017 S. YOUNG

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: HRA CHARTER OAK SQUARE, INC. DOCUMENT NUMBER: P 11 000 1064 72 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARILYN BAHAMONDES
Name of Contact Person HRA CHARTER DAK SQUARE, INC. 1135 KANE CONCOURSE 4TH FLOOR Address BAY HARBOR ISLANDS FLORIDA 33154 City/State and Zip Code MARILYN@ HARBOURREALTY. COM

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARILYN BAHAMONDES
Name of Contact Person at ( 305 ) 398 - 7739 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□**\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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 of

HRA CHARTER OAK SQUARE INC.  (Name of Corporation as currently filed with the Florida Dept. of State)
P11000106472
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) 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 )
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
(Florida street address)
New Registered Office Address: Florida
(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

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	<u>PT</u> <u>John</u>	<u>Doe</u>			
X Remove	V Mike Jones				
X Add	SV Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	<u>VP</u>	JOSH GOLD	1135 KANE CONCOURSE		
Add Remove			BAY HARBOR ISLANDS, FL 33154		
2) Change Add Remove	VPD	JENNIFER SAZANT	1135 KANE CONCOURSE  4TH FLOOR  BAY HARBOR ISLANDS, FL  33154		
3 ) Change Add Remove	_D_	CHRISTINE J. TAPLIN	11.35 KANE CONCOURSE  4TH FLOOR BAY HARBON ISLANDS, FL  33154		
4) Change Add Remove	_ <u>D</u> _	MARTIN KALB	1135 KANE CONCOURSE 4TH FLOOR BAY HARROR ISLANDS, FL 33154		
5) Change Add Remove					
6) Change Add Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
<del></del> -	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
(у погаррисате, таксие мл.)	

The date of each amendment(s) adopt	tion:	, 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 document's effective date on the Depart	does not meet the applicable statutory filing requirements, the ment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendation for approval.	nent(s)
	ed by the shareholders through voting groups. The following sta h voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for t	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were adopted action was not required.	d by the incorporators without shareholder action and sharehold	er
Dated 9 20 17 Signature	Nul Sear	
selected, by	tor, president or other officer—If directors or officers have not by an incorporator—if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
$\overline{V}$	(Typed or printed name of person signing)	
Ţ	RESIDENT	
1	(Title of person signing)	