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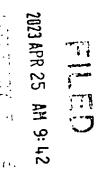
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer.





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JUL 1 9 2023 D CUSHING

COVER LETTER

Department of State Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: MHC HOLDINGS, INC					
	CO	RPORATE NAME			
Enclosed are an orig	ginal and one (1) copy of the rest	ated articles of incorpora	ation and a check for:		
■ \$35.00 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy ADDITIONAL CO	S52.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
	1		PY REQUIRED APR		
FROM: CHARLES A. KOHLER, ESQUIRE Name (Printed or typed)					
476 N. HWY A1A SUITE 3A			£2		
Address					
SATELLITE BEACH, FL 32937					
City, State & Zip 904-716-8000					
K	Daytime Te DHLERLEGAL@I	lephone number	DM		
E-mail address: (to be used for future annual report notification)					

NOTE: Please provide the original and one copy of the document.

RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation is: MHC HOLDINGS, INC. ARTICLE II RESTATEDARTICLES
The text of the Restated Articles is as follows: THE PRINCIPLE PLACE OF BUSINESS IS 902 N. DIXIE FREEWAY, NEW SMYRNA BEACH, FL 32168. THE HEADQUARTER MAILING ADDRESS IS 100 ARRICOLA AVENUE, ST. AUGUSTINE, FL 32080.

ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	P	WATRY,THERESA	912 N. DIXIE FWY	
Add			NEW SMYRNA BCH,	
X Remove			FL 32168	
2) Change	D	GOODSON, REGINA	215 HACKMORE DR	
Add			NEW SMYRNA BCH,	
X Remove			FL 32168	
3) Change	D	WATRY, TARA	215 HACKMORE DR	
Add			NEW SMYRNA BCH	
X Remove			FL 32168	
4) Change	<u>D</u>	WATRY, STEVEN	215 HACKMORE DR	
Add			NEW SMYRNA BCH	
X Remove			FL 32168	
5) Change	P	ROY H. HINMAN II	100 ARRICOLA AVE	
X			ST. AUGUSTINE	
Remove			FL 32080	
6) Change	T	DAVID CULVER	100 ARRICOLA AVE	
X			ST. AUGUSTINE	
Remove			FL 32080	

ARTICLE IV	AMENDED REGISTERED	AGENT (OPTIONAL)	
The name and		. Box NOT acceptable) of the registered agent	is:
Name:	DAVE CULVE		
Address:	100 ARRICOL	A AVENUE	
	ST. AUGUSTIN	NE, FL 32080	
	im familiar with and accept th	accept service of process for the above stated co the appointment as registered agent and agree to	
	Required Signati	ure/Registered Agent	Date
Check if ap The amo	endment(s) is/are being f	filed pursuant to s. 607.0120(11)€, F.S	
		_	
Adoption o	of Amendment(s)	(CHECK ONE)	
	endment(s) was/were ado shareholder action was no	pted by the incorporators, or board of ot required.	director without shareholder
		pted by the shareholders. Then numb as/were sufficient for approval.	er of votes cast for the
statement m amendment	oust be separately provid (s).	roved by the shareholders through voiced for each voting group entitled to voice amendment was/were sufficient for	ote separately on the
ROY H	I. HINMAN 100	0%	

(voting group)

ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing:	(OPTIONAL)
If an effective date is listed, the date must be specific and can	not be more than 90 days after the filing.)
Note: If the date inserted in this block does not meet the applicable he document's effective date on the Department of State's record	•
submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree felo	
Dated: 4/20/23	
Signature: Mariel A Cu	her
	or other officer — if directors or officers neorporator—if in the hands of a receiver, trustee or by that fiduciary)
DAVID CULVER	
(Typed or printed nat	me of person signing)
TREASURER	

(Title of person signing)