## P13000023403

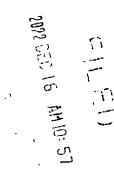
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| PLEASE USE FUNDS FROM A                                               |                                                                                                         |  |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| AUTHORIZATION:                                                        | Janes Fell                                                                                              |  |
| Hazelbaker Construction Services                                      | s, Incorporated P13000023403                                                                            |  |
| Business Name                                                         | Document Number, (if known):                                                                            |  |
| Walk in                                                               | Pick up time                                                                                            |  |
| Mail out                                                              | Will wait                                                                                               |  |
| Photocopy                                                             |                                                                                                         |  |
| Certified Copy                                                        |                                                                                                         |  |
| Certificate of Status                                                 |                                                                                                         |  |
| NEW FILINGS                                                           | <u>AMMENDMENTS</u>                                                                                      |  |
| Profit Not for Profit Limited Liability Domestication Other CORP PLLC | XAmendmentResignation of R.A. Officer/DChange of Registered AgentDissolution/WithdrawalMergerConversion |  |
| OTHER FILINGS                                                         | REGISTERATION/QUALIFICATION                                                                             |  |
| Annual Report                                                         | Foreign filing                                                                                          |  |
| Fictitious Name                                                       | Limited Partnership Reinstatement                                                                       |  |
| APOSTIL ( )                                                           | Other                                                                                                   |  |

\* FLORIDA CAPITAL COURIER SERVICES, INC

## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR                                                                                | RATION: Hazelbaker Consti                                                    | uction Services, Incorporated                                                                                                                          |   |  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| DOCUMENT NUME                                                                                 |                                                                              |                                                                                                                                                        |   |  |
| The enclosed Articles                                                                         | of Amendment and fee are su                                                  | abmitted for filing.                                                                                                                                   |   |  |
| Please return all corres                                                                      | spondence concerning this ma                                                 | atter to the following:                                                                                                                                |   |  |
|                                                                                               | Elizabeth Hazelbaker                                                         |                                                                                                                                                        |   |  |
|                                                                                               |                                                                              | Name of Contact Person                                                                                                                                 |   |  |
|                                                                                               |                                                                              | Firm/ Company                                                                                                                                          |   |  |
|                                                                                               | 14501 Marsala Way                                                            |                                                                                                                                                        |   |  |
|                                                                                               |                                                                              | Address                                                                                                                                                |   |  |
|                                                                                               | Naples, FL 34109                                                             |                                                                                                                                                        |   |  |
|                                                                                               | -                                                                            | City/ State and Zip Code                                                                                                                               |   |  |
|                                                                                               | elizabeth1965hcs@gmail.coi                                                   | n                                                                                                                                                      |   |  |
|                                                                                               | E-mail address: (to be us                                                    | sed for future annual report notification)                                                                                                             |   |  |
| For further information concerning this matter, please call:                                  |                                                                              |                                                                                                                                                        |   |  |
| Elizabeth Hazelbaker                                                                          |                                                                              | at (239 213-8008 Area Code & Daytime Telephone Number                                                                                                  |   |  |
| Name o                                                                                        | of Contact Person                                                            | Area Code & Daytime Telephone Number                                                                                                                   | _ |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |                                                                              |                                                                                                                                                        |   |  |
| \$35 Filing Fee                                                                               | ☐S43.75 Filing Fee &<br>Certificate of Status                                | Certified Copy (Additional copy is enclosed)  \$\int \frac{1}{3}\$3.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) |   |  |
| Ame<br>Divi<br>P.O.                                                                           | ling Address indment Section sion of Corporations Box 6327 thassee, 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

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Hazelbaker Construction Services, Incorporated

2022 DEC 16 AM ID: 57

| (Name of Corporation as curr                                                                                                                                                                | rently filed with the Florida Dept. of State)                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| P13000023403                                                                                                                                                                                | · - : · !                                                                                                              |
| (Document Number                                                                                                                                                                            | per of Corporation (if known)                                                                                          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:                                                                                          | this Florida Profit Corporation adopts the following amendment(s) to                                                   |
| A. If amending name, enter the new name of the corporation                                                                                                                                  | <u>1:</u>                                                                                                              |
| HCS Naples, Inc.                                                                                                                                                                            | The new                                                                                                                |
| name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P. | "," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word |
| 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 und/or registered office a                                                                                                                              | address in Florida, enter the name of the                                                                              |
| new registered agent and/or the new registered office add                                                                                                                                   | ress:                                                                                                                  |
| Name of New Registered Agent                                                                                                                                                                |                                                                                                                        |
|                                                                                                                                                                                             |                                                                                                                        |
| (Florida                                                                                                                                                                                    | la street address)                                                                                                     |
| New Registered Office Address:                                                                                                                                                              | , Florida                                                                                                              |
|                                                                                                                                                                                             | (City) (Zip Code)                                                                                                      |
| New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili                                                                |                                                                                                                        |
| Signature of Ne                                                                                                                                                                             | w Registered Agent, if changing                                                                                        |
| Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)                                                                                                      | (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 Do  | <u>oe</u>   |                                       |
|-------------------------------|--------------|----------|-------------|---------------------------------------|
| X Remove                      | <u>V</u>     | Mike Jo  | <u>ineş</u> |                                       |
| X Add                         | <u>sv</u>    | Sally Sn | <u>nith</u> |                                       |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name        | <u>Addres</u> s                       |
| I) Change                     |              | _        |             |                                       |
| Add                           |              |          |             |                                       |
| Remove                        |              |          |             |                                       |
| 2) Change                     |              | <u></u>  |             | · · · · · · · · · · · · · · · · · · · |
| Add                           |              |          |             |                                       |
| Remove 3) Change              |              |          |             |                                       |
| Add                           |              |          |             |                                       |
| Remove                        |              |          |             |                                       |
| 4) Change                     |              | _        |             |                                       |
| Add                           |              |          |             |                                       |
| Remove                        |              |          |             |                                       |
| 5) Change                     |              | _        |             | <u></u>                               |
| Add                           |              |          |             |                                       |
| Remove                        |              |          |             |                                       |
| 6) Change                     |              |          |             |                                       |
| Add                           |              |          |             |                                       |
| Remove                        |              |          |             |                                       |

| f amending or adding additional Art<br>Mach additional sheets, if necessary). | (Be specific)                                             |
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|                                                                               |                                                           |
| n amendment provides for an exch                                              | ange, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)                                             | ndment if not contained in the amendment itself:          |
| (y not appreadic, materie (nx)                                                |                                                           |
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|                                                                               |                                                           |

| The date of each amendment(s)                                         | adoption:                                                                                                                                      | , 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 document's effective date on the l | block does not meet the applicable statutory filing requirements, thi Department of State's records.                                           | s date will not be listed as the |
| Adoption of Amendment(s)                                              | (CHECK ONE)                                                                                                                                    |                                  |
| The amendment(s) was/were a action was not required.                  | dopted by the incorporators, or board of directors without shareholder                                                                         | action and shareholder           |
| ☐ The amendment(s) was/were a by the shareholders was/were            | dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.                                                   | ent(s)                           |
| ☐ The amendment(s) was/were a must he separately provided for         | pproved by the shareholders through voting groups. The following star<br>or each voting group entitled to vote separately on the amendment(s): | 'ement                           |
| "The number of votes can                                              | st for the amendment(s) was/were sufficient for approval                                                                                       |                                  |
| by                                                                    |                                                                                                                                                |                                  |
|                                                                       | (voting group)                                                                                                                                 |                                  |
| Decembe<br>Dated                                                      | r 15, 2022                                                                                                                                     |                                  |
| Signature                                                             | 1 Person                                                                                                                                       |                                  |
| (B <b>_6</b> )                                                        | director, president or other officer - if directors or officers have not be                                                                    | en                               |
| s <b>b</b> lect                                                       | ed, by a neorporator — if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)                                    | ourt                             |
| аррог                                                                 |                                                                                                                                                |                                  |
|                                                                       | John R. Defossez                                                                                                                               |                                  |
|                                                                       | (Typed or printed name of person signing)                                                                                                      |                                  |
|                                                                       | President                                                                                                                                      |                                  |
|                                                                       | (Title of person signing)                                                                                                                      | <del></del>                      |