

P130000060693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500275044685

07/17/15--01010 -008 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG - 3 AM 11:28

AUG - 4 2015

T CANNON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2015

DANILO SANTANA
US TAX CONSULTING INC
5401 S KIRKMAN RD STE 105
ORLANDO, FL 32819 US

SUBJECT: HGS IMPORTS INC.
Ref. Number: P13000060693

We have received your document for HGS IMPORTS INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 215A00015246

RECEIVED
15 AUG -3 PM 2:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HGS IMPORTS INC

DOCUMENT NUMBER: P13000060693

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

Please return all correspondence concerning this matter to the following:

DANILO SANTANA

Name of Contact Person

US TAX CONSULTING INC

Firm/ Company

5401 S KIRKMAN RD STE. 105

Address

ORLANDO FL 32819

City/ State and Zip Code

INFO@USTAXCONSULTING.NET

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

For further information concerning this matter, please call:

DANILO SANTANA

Name of Contact Person

at (407)

6748969

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 &
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

HGS IMPORTS INC

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

P13000060693

(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:

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)

15 AUG -3 AM 11:28

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u> </u> Change	<u>DIR</u>	<u>DANTAS, MIKHAIL</u>	<u>9412 STRONGBARK LN</u>
<u> </u> Add			<u>ORLANDO FL 32832</u>
<u>X</u> Remove			
2) <u> </u> Change	<u>P</u>	<u>ESSENCIAL GROUP LLC</u>	<u>5401 S KIRKMAN RD STE.105</u>
<u>X</u> Add			<u>ORLANDO FL 32819</u>
<u> </u> Remove			
3) <u> </u> Change	<u>VP</u>	<u>HAT SQUAD LLC</u>	<u>8750 EXCHANGE DR. UNIT 7</u>
<u>X</u> Add			<u>ORLANDO FL 32809</u>
<u> </u> Remove			
4) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
5) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			
6) <u> </u> Change			
<u> </u> Add			
<u> </u> Remove			

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 15 AUG -3 AM 11:28

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

(if not applicable, indicate N/A)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG -3 AM 11:28

The date of each amendment(s) adoption: 04/28/2015, 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 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)

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

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 04/28/2015

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)

DANILO SANTANA

(Typed or printed name of person signing)

ACCOUNTANT

Incorporator

(Title of person signing)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 AUG -3 AM 11:28