## P13000085994

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: HP	M AND SONS, IN	NC.	
DOCUMENT NUMBER: P1300	0085994		
The enclosed Articles of Amendment a	nd fee are submitted for filir	ıg.	
Please return all correspondence concer	ning this matter to the follow	wing:	
JOEL SA	DERS		
	Name of Co		n
JOEL SA	NDERS & COMF		•
		ompany	
1301 SHC	TGUN ROAD		
MEGTON		ress	
WESTON	, FL 33326		
	City/ State a	nd Zip Cod	e
JSCPA1@MS	SN.COM		
E-mail addr	ess: (to be used for future an	nual report	notification)
For further information concerning this	matter, please call:		
JOEL SANDERS	at (	954	916-2000
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following ar	nount made payable to the F	lorida Depa	artment of State:
			<b></b>
■ \$35 Filing Fee □\$43.75 Fi	ling Fee & □\$43.75 Fili of Status Certified C		□\$52.50 Filing Fee Certificate of Status
50	(Additional		Certified Copy
	enclosed)		(Additional Copy is enclosed)
			is enclosed)
Mailing Address Amendment Section			Address Iment Section
Division of Corporati	ons		on of Corporations
P.O. Box 6327		Clifton	Building
Tallahassee, FL 3231	4	2661 E	xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

HPM AND SONS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P13000085994 (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.," "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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	S	_	ANDRES POSSE	1102 CAMELIA CIRCLE
Add				WESTON, FL 33326
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del></del>		
Adđ				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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1. 31. 12.	
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	and the state of t
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

ffective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
otion of Amendment(s)	( <u>CHECK ONE</u> )
he amendment(s) was/were a y the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_12/12/	2013
Signature 🗸	director, president or other officer - if directors or officers have not been
selec	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	HERNANDO POSSE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)