P 1400056603

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Speciał Instructions to Filing Officer: |
| |
| |
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Office Use Only

HUTLE -



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01/22/18--01027--001 **35.00

C. GOLDEN

E12 - 9 2019

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: HSH Design Inc | | | | | |
|--|---|--|---|--|--|--|
| DOCUMENT NUMB | | | | | | |
| The enclosed Articles of | of Amendment and fee are su | abmitted for filing. | | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | | |
| | Kristen Blazevich Hobbs | | | | | |
| - | | Name of Contact Person | n | | | |
| | MB Accounting & Tax Services Inc | | | | | |
| • | | Firm/ Company | | | | |
| | PO Box 1229 | | | | | |
| • | | Address | | | | |
| | Thonotosassa, FL 33592 | | | | | |
| • | | City/ State and Zip Cod | e | | | |
| hshdes | signs11@gmail.com | | | | | |
| | | sed for future annual report | notification) | | | |
| | | | | | | |
| For further information | concerning this matter, pleas | se call: | | | | |
| Kristen Blazevich Hobbs | | at (813 | 858-0319 | | | |
| Name o | f Contact Person | at (813) 858-0319 Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | | |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐S52.50 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 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle | | | |

Tallahassee, FL 32301



January 23, 2018

KRISTEN BLAZEVICH HOBBS 11706 N US HIGHWAY 301 THONOTOSASSA, FL 33592

SUBJECT: HSH DESIGN, INC Ref. Number: P14000056603

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

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 118A00001442

Articles of Amendment to Articles of Incorporation of

2018 II = 7 FII 3: 11

| HSH Design Inc | 20 13 (1 |
|---|---|
| (Name of Corporation as curr | ently filed with the Florida Dept. of State) |
| P14000056603 | |
| (Document Numb | er of Corporation (if known) |
| Pursuant to the provisions of section 607.1006. Florida Statutes, 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>u</u> |
| HSH Designs Inc | The new |
| name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviati | ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| 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 a new registered agent and/or the new registered office add | |
| Name of New Registered Agent | |
| (Florid | 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 famil | iar with and accept the obligations of the position. |
| Signature of Ne | ew 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 De | <u>oc</u> | | |
|----------------------------|-----------------|------------|-------------|-------------|--|
| X Remove | \underline{V} | Mike Jones | | | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address | |
| 1) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | - | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | _ | | | |
| Add | | | | | |
| Remove | | | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
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| f an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| | |
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| The date of each amendment(s) a | doption: | , it 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 bedocument's effective date on the Do | plock does not meet the applicable statutory filing requirements, this date with partment of State's records. | Ill not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval. | |
| | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes east | for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| ☐ The amendment(s) was/were add action was not required. | opted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareholder | |
| selecte | rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver trustee, or other court ted fiduciary by that fiduciary) Jessica H Holmes | <u>) </u> |
| | (Typed or printed name of person signing) | |
| | President | |
| | (Title of person signing) | **** |