PISDODO MAZ8

(Re	questor's Name)	<u> </u>
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: Haizel Inc.	
DOCUMENT NUMBI	ER: P1500006928	
The enclosed Articles of	f Amendment and fee are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
_	Jennifer Gallagher	
_	Name of Contact Person	
_	Firm/ Company	
	2486 S. Coral Trace Cir.	
_	Delray Beach, Fl 33445 City/State and Zip Code	
_		
	J. Gallagher @ hallowandplank. co	M
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Jennifer	Gallagher at 561, 558-5882	
Name of	f 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	□\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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

MISMAN CONTRACTOR

Articles of Amendment to Articles of Incorporation

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

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 <math>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	PT John	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	SV Sally	Smith		
Type of Action (Check One)	Title	Name A () A	Address	
1)Change	1/11/17	NIA	<u>NIA</u>	
Add	1	}		
Remove				-
2) Change				_
Add				-
Remove				
3) Change				
Add				
Remove				_
4) Change				
Add		, V		-
Remove	V	O		-
5) Change				-
Add				
Remove				-
6) Change			- 	
Add				
Remove				

E. If amending or adding ac (Attach additional sheets, i	Iditional Articles, enter char f necessary). (Be specific)	ge(s) here:		
NIA				
	_			
F. If an amendment provide provisions for implement	es for an exchange, reclassifi nting the amendment if not c	cation, or cancellation on tained in the amendr	of issued shares, ment itself:	
(if not applicable, in	ticate N/A)			
N	A			<u>-</u>

The date of each amendment(s) adoption: 5/11/5	, 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 document's effective date on the Department of State's records.	not be listed as the
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)	
(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 5/1/15	
Signature Calley	
(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)	
Jennifer Gallagher (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	