P15000010668

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Docur	nent Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	
		!

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SEP 27 2018

COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: HPREZ, INC.			
	BER: P15000010668			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	HECTOR A. PEREZ			
		Name of Contact Person	n	
	HPREZ, INC			
	Firm/ Company			
	1460 N. GOLDENROD RD, # 100			
		Address		
	ORLANDO, FL 32807			
		City/ State and Zip Cod	e	
hond	apro@libertypr.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ANA LAVILES, CP.	4	at (_407	228-7333	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment 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	

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

is enclosed)

Articles of Amendment to Articles of Incorporation of



HPREZ, INC.	υ ^ν		7
(Name of Corporation as	currently filed with the Florida Dept. of State)	4	1:
P15000010668		يُحْ	
(Document N	umber of Corporation (if known)	(g)-) (c)-)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following amenda	nenti	(s) t
A. If amending name, enter the new name of the corpora	ition:		
NOT APPLICABLE	The ne	w	
	rporation," "company," or "incorporated" or the abbreviation, or "Co". A professional corporation name must contain the	nc	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	NOT APPLICABLE		
		•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE	•	
			
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office			
JUNOT MEDINA			
Name of New Registered Agent			
1460 N. GOLDEN			
·	lorida street address)		
New Registered Office Address: ORLANDO	, Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered	d Accompt.		
I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.		
×	who life		
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.

X Change	PI	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l) Change	T	JUNOT MEDINA	1460 N. GOLDENROD RD
X Add			#100
Remove			ORLANDO, FL 32807
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	N/A
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···	
	n de la companya de l
nrovisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame.	
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	N/A

	9/17/18	
The date of each amendment		, if other than the
date this document was signed		
	9/17/2018	
Effective date if applicable:	(no more than 90 days of	ister amendment sile date)
	(no more man 20 days a	gier umenument file dutef
	this block does not meet the applicable sta the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number are sufficient for approval.	r of votes cast for the amendment(s)
	e approved by the shareholders through vot d for each voting group entitled to vote sept	
"The number of votes	cast for the amendment(s) was/were suffici	ent for approval
byNOT A	APPLICABLE_	
	(voting group)	
action was not required.	e adopted by the board of directors without e adopted by the incorporators without share	
action was not required.	e adopted by the incorporators without share	Enouge action and statesforder
Dated	\$ 9/19/10 \$ 12/19/10	
•	y a director, president or other officer - if di	
	lected, by an incorporator – if in the hands o pointed fiduciary by that fiduciary)	f a receiver, trustee, or other court
ap]	pointed fidderary by that fidderary)	
	HECTOR A PEREZ	
	(Typed or printed name of p	person signing)
	PRESIDENT	
	(Title of person	signing)