P160000040361

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SECRETARY OF STATE

SECRETARY OF STAT

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: H/A PAVERS & S	ERVICES INC.	
	BER: P16000040361		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
	KIARA R HERNANDEZ-GO	ONZALEZ	
		Name of Contact Persor	1
	Kaba Consulting Inc		
	-	Firm/ Company	
	17011 FL-50, Suite 303		
		Address	
	Clermont, FL 34711		
		City/ State and Zip Code	2
	taxes@kabaconsulting.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
KiOrar He	Madez-Gunzalez	at (<u>352</u>	_) 243-8460
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made p	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)
Am Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

	of	- 2
H/A PAVERS & SERVICES INC.		SEC ON !
(Name o	of Corporation as currently filed with the Florida Dept. of St	ate) A P
P16000040361		
	(Document Number of Corporation (if known)	E P
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corporation adopts the	
A. If amending name, enter the new na	ame of the corporation:	
		The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	the word "corporation," "company," or "incorporated" or the Corp," "Inc," or "Co". A professional corporation name n or the abbreviation "P.A."	abbreviation "Corp" nust contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		
D. If amending the registered agent ar new registered agent and/or the new	id/or registered office address in Florida, enter the name of t	<u>he</u>
new registered agent and/or the new	HECTOR'S SIMON CHARREZ	
Name of New Registered Agent	HECTOR'S SIMION CHARREZ	
	402 WILMER AVENUE	
	(Florida street address)	
New Registered Office Address:	ORLANDO , Flori	da 32811
The state of the s	(City)	(Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familiar with and accept the obligations of th	e position.
	Carly .	
	Signature of New Registered Agent, if changing	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 Doc X Remove Mike Jones \underline{X} Add <u>SV</u> Sally Smith Type of Action Title <u>Name</u> Address (Check One) ALEXIS J MARTINEZ 402 WILMER AVE 1) ____ Change ORLANDO, FL 32811 ____ Add X Remove 2) ____ Change Add Remove 3) ____ Change ____ Add ___ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change ____ Add _ Remove δ) _____ Change __ Add Remove

ttach additional sheets, if necessary).	(Be specific)
	· <u> </u>
	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(ң нөгирүнейте, шасше 1874)	

The date of each amendment(s) acd date this document was signed.	loption:	, if other than the
_	1/2022	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requestrates of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for ifficient for approval.	the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the am	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	·	
,	(voting group)	
03/21/2022 Dated Signature	(Jahn)	
selecte	irector, president or other officer—if directors or officer d, by an incorporator—if in the hands of a receiver, trusted fiduciary by that fiduciary)	
	HECTOR S SIMON CHARREZ	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)