P16000059374

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: HIGH ROAD DE	VELOPMENT, INC.			
	BER: P16000059374				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	atter to the following:			
	DAN LEVINE				
		Name of Contact Persor	n		
	HIGH ROAD DEVELOPMENT, INC.				
		Firm/ Company			
	825 BELLA VISTA AVENU				
		Address	·		
	CORAL GABLES, FL 3315	6			
		City/ State and Zip Cod	e		
	NOTIFY@HIGHROADTEA	AM.COM			
	-	sed for future annual report	notification)		
	on concerning this matter, plca		070 0024		
DAN LEVINE		at ()		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check f	or 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)	☐\$52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	Articles of I	Amendment to ncorporation of
HIGH ROAD DEVELOPMENT, INC.		ر چ
(Name of Corpo	ration as currer	ntly filed with the Florida Dept. of State)
P16000059374		بخ
(Do	cument Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	e corporation:	
(V/A')		The new
	inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applica	able:	825 BELLA VISTA AVENUE
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES, FL 33156
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		825 BELLA VISTA AVENUE CORAL GABLES, FL 33156
D. If amending the registered agent and/or registered		
	tent and/or the new registered office address: DANIEL A. LEVINE Registered Agent	
825 BEI	LLA VISTA AV	ENUE
	(Florida :	street address)
New Registered Office Address:	. GABLES	Florida 33156
Test regulation system.		(City) (Zip Code)
New Registered Agent's Signature, if changing	Registered Ages	ni
I hereby accept the appointment as registered age		
		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)

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 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.

A Change	<u>141</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	SCOTT D. LEHMAN	2 SOUTH BISCAYNE BLVD
Add			SUITE 3800
Remove Remove			MIAMI, FL 33131
2) Change		····	
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·

i. <u>If amending o</u>	or adding additional Articles, enter change(s) here:	
(Attach addition	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)	
11/4		
10/1		
	· · · · · · · · · · · · · · · · · · ·	
		
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If an amendm	ment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions fo	or implementing the amendment if not contained in the amendment itself:	
Lifeot an	pplicable, indicate N/A)	
The state of	officable, indicate to hy	
A		
1/4)		
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	<u> </u>	
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	30 75	
Effective date if applicable:	2021-09-20	
	(no more than 90 days after amendment f	file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requestratment of State's records.	airements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
he amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors withou	t 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 afficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
	hector, president or other difficer. Witirectors or office d. by an incorporator – if in the hands of a receiver true ted fiduciary by that fiduciary)	
	DANIEL A. LEVINE	
	(Typed or printed name of person signing)	
	INCORPORATOR & PRESIDENT	
	(Title of person signing)	