P1700014215

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V. AAHILE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	HB, INC.				
DOCUMENT NUMBER: P1700		_		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendm		omitted for filing			
Please return all correspondence co	oncerning this mat	ter to the followi	ng:		
Adrian Bric	on				
		Name of Cont	act Person		
Form-A-Co					
	- r	Firm/ Co			
4440 PGA	Blvd., Suite 308	rinii/ Coi	прапу		
		A .d.d.			
n l n l	C 1 51 224	Addre	ess		
Palm Beach	Gardens, FL 334				
		City/ State and	1 Zip Code	:	
adrian@form-a-co	orp.com				
E-mail	address: (to be use	ed for future ann	ual report	notification)	
For further information concerning	this matter please	e call:			
· · · · · · · · · · · · · · · · · · ·	matter, preas	c can.			
Adrian Brion		at (866	343-6759	
Name of Contact Pe	erson		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made p	ayable to the Flo	rida Depa	rtment of State:	
_	75 Filing Fee & ficate of Status	□\$43.75 Filing Certified Cop (Additional conclosed)	у	□\$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 Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

17 FED 21 PH 12: 25

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

P17000014215	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FBH, INC.	The new
name must be distinguishable and contain the word "corporation "Corp," "Inc," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	"company," or "incorporated" or the abbreviation O. A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(1. melphi office manous <u>moos an entre manous p</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 address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et 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 was	ith 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)

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
!) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add Remove			
Kemove			

	adding additional Art al sheets, if necessary).		e(s) here:		
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		<u></u>			
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If an amendme	nt provides for an excl	nange, reclassifica	tion, or cancellat	ion of issued shar	<u>es,</u>
provisions for	implementing the ame licable, indicate N/A)	endment if not con	tained in the amo	endment itself:	
(5)	,				
_			<u> </u>		
			 	. <u> </u>	

	loption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ 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) fficient 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)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
action was not required.	pred by the mediportators minous shareholder action and shareholder	
02-16-17		
Dated	2	
Signature	In In	
(By a d selecte	irector, 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 led fiduciary by that fiduciary)	
	Adrian Brion	
	(Typed or printed name of person signing)	
	Incorporator	
	(Title of person signing)	
	•	