Note. Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000086811 3)))

Note: DO NOT his the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Oivision of Corporations
Fax Number : (850)617-6388

Account Name : KOEPPEL Lair GROUP, P.A.
Account Number : I20078000064
Phono : (561)858-8455
Fax Number : (561)659-7806

Enter the email address for this business entity to be used for future annual report mailings. Enter only one enail address please.*

Emmil Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN HYDE 3807, INC.

Certificate of Status	0
Certified Copy	Û
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

MAR 3 1 2017 C MCNAJR

(((H17000086811 3)))

Articles of Amendment Articles of Incorporation of

HYDE 3807, INC.

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

ent(s) to

	P17000024053	3	•	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation a	dopts the following amendme	
A. If smending name, enter the new nam	ne of the cornoration:			
HIDE 3807, INC.				
			The new	
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designat word "chartered," "professional associati	tion "Corp," "Inc," or	"Co". A professional corpor		
		N/A		
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u>)				
C. Enter new mailing address, if applies (Mailing address MAY BE A POST O.		N/A		
(Mainny adaress MAI BE A POST O	CERCE BUA)			
			_	
D. If amending the registered agent and new registered agent and/or the new			ne of the	
Hem tegereten agent and of the new	N/A		•	
Name of New Registered Agent	N/A			
-	(Florida s	treet address)	<u> </u>	
New Registered Office Address:			Florida	
		(Ctty)	(Zip Code)	
Now Registered Agent's Signature, if cha				
I hereby accept the appointment as register	ed agent. I am familiar	with and accept the obligation	s of the position.	
	Constant of Van	Designated Agent if showing	 	
•	algrature of New .	Registered Agent, if changing		

(((H170000868113)))

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; XChange	PI	John D	<u>oė</u>	
X Remove	<u>v</u>	Mike J	ones ,	
X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_	N/A	
Add				
Remove				
2) Change		_		
Ad d				
Remove				
3) Change		_		
Add			•	
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Che				
6) Change		_		
Add				
Remove				

(((H17000086811 3)))

	nal sheets, if necessary)	ticles, enter change(s) here (Be specific)		•
	N/A			
·-···				
				M-W-
			···	
	+ 			
			· · · · ·	
				
		<u></u>		
			· · · · · · · · · · · · · · · · · · ·	
~		·	 	
				
				
	4			
	int provides for an exc implementing the am	hange, reclassification, or c endment if not contained in	nncenation of issued sna the amendment itself:	(ts.
<mark>f an amendme</mark> provisions for	licable, indicate N/A)			
provisions for	ucuvie, indicate WA)			
provisions for (if not app	NA			
rovisions for (if not app				
orovisions for (if not app				· · · · · · · · · · · · · · · · · · ·
provisions for (if not app				·
provisions for (if not app				<u> </u>
provisions for (if not app				
provisions for (if not app				<u></u>
provisions for (if not app				
provisions for (if not app				
provisions for (if not app				

Mar. 30. 2017 10:06AM		No. 03/1 P. 5/5
(((H17000086811 3)))		
The date of each amendment(s) acdate this document was signed.	option:	, if other than th
Effective date if applicable:	(no more shan 90 days after a	
	(no more than 90 days after a	menament file aale)
Note: If the date inserted in this b document's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of vo	tes cast for the amendment(s)
	roved by the shareholders through voting greech voting group entitled to vote separately	
	for the amendment(s) was/were sufficient for	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareh	nolder action and shareholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholde	er action and shareholder
March 29, Dated	2017	AME.
Signature		
selected	rector, president or other officer — if director, by an incorporator — if in the hands of a record fiduciary by that fiduciary)	
	RODI CALLEGARI	
·	(Typed or printed name of person	signing)
	PRESIDENT	

(Title of person signing)