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SEGRE FARY COUNTY FOR TALLAHASSEE, FE

JUL - 1 2019

C Kinsey

COVER LETTER

TO: Amendment Section

Division of Corpor	rations	_	
NAME OF CORPORA	(1)	Hic Ply	ward Inc
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Maex	Name of Contact Person	mandez_
_		Firm/ Company	
-	236 5	DIXIC HW	JE
-	Pompano	Preach FO	33060
***	E-mail address: (to be us	CICISO GY sed for future annual typort	notification)
For further information	concerning this matter, pleas	se call:	
Macia	D. HERMAN	JEZ at (954)	16660373
	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐S43.75 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)
	ing Address indment Section		Address Iment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
arsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s): Articles of Incorporation:
. If amending name, enter the new name of the corporation:
The new time must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A."
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) AHAD AS
If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address: Name of New Registered Agent Marca . Herman
New Registered Office Address: Pompano Occide (City), Florida (Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with 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 Doc 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> <u>John D</u>	<u>00e</u>		
X Remove	<u>V</u> <u>Mike J</u>	ones		
X Add	SV Sally S	S <u>mith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	1	Maria D. Hern	andet 2365 Di	XIE
Add			HAY E.	7277
Remove			romparo vego	<u>1 200</u> 10
2) Change	1	JULIOA. FIGUER	EDO 236 S DIXIE	HME
Add			YOMPOND BE	CKNAC
X Remove			35060	
3) Change				
Add			•	
Remove				
4) Change				—
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6 25 2019	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person ligning)	
(Typed of printed name of person signing)	
- PRESIDENT	
(Title of person signing)	