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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: HERNANDEZ &	VALOIS, P.A.	
DOCUMENT NUMI	BER: P17000029358		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Cristian D. Valois, Esquire		
		Name of Contact Persor	1
	HERNANDEZ & VALOIS.	P.A.	
		Firm/ Company	
	2400 E. Commercial Blvd. S	• •	
		Address	
	Fort Lauderdale, FL 33308		
		City/ State and Zip Code	e
cvalo	is@hhdefense.com		<i>y'</i>
·	E-mail address: (to be us	sed for future annual report	
For further informatio	n concerning this matter, pleas	se call:at (938-1920
Name (of Contact Person	at (Area Co) de & Daytime Telephone Number
	r the following amount made		•
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

HERNANDEZ & VALOIS, P.A.

HERNANDEZ & VALOIS, P.A.		<u> </u>		
(Name o	of Corporation as currently	filed with the Florida Dept.	of State)	
P17000029358				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation add	opts the following amendme	nt(s) to
A. If amending name, enter the new na	ime of the corporation:			
-	<u></u>		7771	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professional corporal		1
B. Enter new principal office address,	if annlicable:		7	
(Principal office address MUST BE A S				-
				,
				ा विकास
				\Box
C. Enter new mailing address, if appl			<u> </u>	
(Mailing address MAY BE A POST)	OFFICE BOX)		<u> </u>	
			<u> </u>	
				
D. If amending the registered agent an new registered agent and/or the new			e of the	
Name of New Registered Agent				
	2400 EAST COMMERCIA	L BOULEVARD #1010		
	(Florida stre		 -	
	FORT LAUDERDALE	,	33308	
New Registered Office Address:			Florida	
	(1)	City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Pagistared Agent:			
I hereby accept the appointment as regist		ith and accept the obligations	of the position.	
, , ,		, ,		
 _	Signature of New Re	rgistered 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: XChange	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1)Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_	-	
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
 	
· · · · · ·	
-	
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	A
(9 пол аррасавле, такше 18/А)	
(у погарунсаоге, такие гля)	/// / A
(у пов аррасаоне, таксане кул)	<u>///A</u>
(у посирунийне, такие (УА)	<u>///</u> A
(у пол арупсавіе, іншеше (УА)	<u>/// A</u>
(у пол арупсавле, такие (УА)	/V/A
(у пол арупсате, такие плл)	/V / A
(у пол аррисавіе, іншесте (УА)	/V / A
(у пол аррисавле, такие гол)	/V / A
у пол аррисате, такие гол)	// / A
(у пол аррисавіе, такие полі	/V / A

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	1,120,11.7	
Effective date <u>if applicable</u> :	1/29/17	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
bv	."	
· · · · · · · · · · · · · · · · · · ·	(voting group)	
action was not required. The amendment(s) was/were a action was not required. 11/29/17 Dated Signature (By a select	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder adilector, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Cristian D. Valois	
	(Typed or printed name of person signing)	
	Shareholder/Partner , VP	
	(Title of person signing)	