## P19 0000 75567

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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HMANSLINC.			
DOCUMENT NUMI	BER: P19000075567			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	HARON MANSI			
		Name of Contact Person	n	
	HMANS! INC.			
	·	Firm/ Company	· · · · · · · · · · · · · · · · · · ·	
	1910 WELLS RD UNIT J07			
	Address			
	ORANGE PARK FL 32073			
		City/ State and Zip Cod	e	
НМА	NSIINC@GMAIL.COM			
<del> </del>	E-mail address: (to be u	sed for future annual report	notification)	
For further information	n concerning this matter, plea	se call:		
HARON MANSI		813 at (	841-2755	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
\$35 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  Clifton Building  2661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

HMANSI INC.

( <u>Name</u> (	of Corporation as currentl	y filed with the Florida Dept. of State)		
P19000075567				
	(Document Number o	f Corporation (if known)		
ursuant to the provisions of section 607.  S Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)		
If amending name, enter the new na	ame of the corporation:			
/A		The new		
Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc." or " ntion," or the abbreviation "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the 'P.A."		
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )		2000 WELLS RD SUITE D		
		ORANGE PARK, FLORIDA, 32073		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2000 WELLS RD SUITE D		
		ORANGE PARK, FLORIDA, 32073		
. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	HARON MANSI			
	2000 WELLS RD SUITE	D 2		
		eet address)		
	(Florida str	_0		
New Registered Office Address:	ORANGE PARK	, Florida Con (City)		

I 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 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.

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)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	HARON MANSI	2000 WELLS RD SUITE D	
X Add			ORANGE PARK	
Remove			FLORIDA 32073	
2) Change		<del></del>		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add			<del></del>	
Remove				
5) Change			<del></del> -	
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding (Attach additional sheets	additional Articles , if necessary). (I	s, enter change(s) Be specific)	<u>) here</u> :		
N/A	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
			- · · · · -		
		***			
F. If an amendment provi provisions for implem (if not applicable, i	enting the amendr	ge, reclassificatio nent if not contai	n, or cancellation	of issued shares. Iment itself:	1
N/A					
		11			
					<del></del> -
				<del></del>	

	10/17/2019	
The date of each amendment(s	) adoption:	, if other than the
date this document was signed.		
	0/17/2019	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in the	is 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)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e 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 c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
10/17/2	019	
Dated		
	Morron massi	
Signature	Flucer	
· · · · · · · · · · · · · · · · · · ·	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	HARON MANSI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	