Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000248614 3)))



H220002485143#Bi01

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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DOSSANTOS AND MACHADO.LLC

Account Number : 120140000089 Phone : (754)301-2128 Fax Number : (954)252-4650

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

Email Address: INFO @ GFSTAXACCT. COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN HFN SERVICES CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corpor			
NAME OF CORPOR	ATION: HFN SERVICES C	CORP	
DOCUMENT NUMB	ER: P19000075584		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
j	ULIANA MACHADO		
_		Name of Contact Person	on
(GFS TAX & ACCOUNTING	SERVICES	
-		Firmy Company	
1	1764 W SAMPLE RD STE	, ,	
-	 _	Address	
(CORAL SPRINGS, FL 3306.		
_		City/ State and Zip Co	de
ı	NFO@GFSTAXACCT.COM	М	
-	E-mail address: (to be us	sed for future annual repor	1 notification)
For further information	concerning this matter, pleas	se call:	
JULIANA MACHADO)	754 at () 301-2128 ode & Daytime Telephone Number
Name o	f Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	☐\$43.75 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)
Amei Divis P.O.	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	Amer Divis The (2415	t Address Idment Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303

Articles of Amendment to Articles of Incorporation of

2022 JUL 22 AH 10: 21

HFN SERVICES CORP	
	tly filed with the Florida Dept. of State)
P19000075584	
	of Corporation (if known)
Pursuant to the provisions of section 607.3006, Florida Statutes, this its Articles of Incorporation;	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	14083 ANCILLA BLVD
(Principal office address MUST BE A STREET ADDRESS)	WINDERMERE, FL 34786
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14083 ANCILLA BLVD
	WINDERMERE, FL 34786
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	35:
Name of New Registered Agent	
(Florida s.	trvet 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	NE with and recent the obligations of the toxilian
Thereby accept the appointment as regiments agent. Tampamina	Term time at CCps are configuration of the processor
Signature of New	Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Page: 4 of 6

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 PSF 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 us an Add.

Example: X Change	<u>PT</u>	<u>John Doc</u>	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	FERNANDA F SEPULVEDA	19380 COLLINS AVE APT 605
Add			SUNNY ISLES BEACH, FL 3316
X Remove			
2) X Change	P	HELTON L NEVES	14083 ANCILLA BLVD
Add			WINDERMERE, FL 34786
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Ē.	. If amending or adding additional Artic	cles, enter change(s) here:
	If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
_		
-		
-		
_		
	· · · · · · · · · · · · · · · · · · ·	
_		
_	 	
-		
_	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
_	- 	
E,	If an amendment provider for an each	ange, reclassification, or cancellation of issued shares,
•	provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	(у посаррнеате, такие кля)	
_		
_		
_		
_		

The date of each amend	ment(s) adoption: if other than th
late this document was s	gned.
Effective date if applica	ble: (no more than 90 days after omendment file dute)
	· · · · · · · · · · · · · · · · · · ·
Note: If the date inserte document's effective dat	d in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendme	et(z) (<u>CHECK ONE</u>)
The amendment(s) was not require	is/were adopted by the incorporators, or board of directors without shareholder action and shareholder and.
☐ The amendment(s) w by the shareholders t	na/were adopted by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
☐ The amendment(s) w must be separately p	as/were approved by the shareholders through voting groups. The following statement rovided for each voting group entitled to vote separately on the amendment(s):
"The number o	votes cast for the amendment(s) was were sufficient for approval
by	(voting group)
Dated	07/21/2022 ure Helfor i Neves
Signa	ure Helfon i Neves
-	(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)
	HELTON L NEVES
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)