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c/ 8/24/2027

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: HR. DE R: 8210000	ock And DE	ck CORP.
DOCUMENT NUMBE	r: <u>9210000</u>	28458.	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
		Name of Contact Person	
_	<u> </u>	Pirm/ Company	
12106 TEE HAUEN AJE Address			
	Address  6650AON FL 33534  City/ State and Zip Code		
For further information c	ロスことのこと E-mail address: (to be us oncerning this matter, pleas	© GHALL, CO ed for future annual report	notification)
Aneola L.	Fonz	a <u>(}</u> 4&&	062-1465.
Mane of Contact Person  Area Code & Daytime Telephone Number			
Enclosed is a check for the	ne 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)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amenc Divisic P.O. B	g Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

MR. Dock AN	d Deck	C02P	2022	<del>} J."! -6  </del>	<del>.</del>
(Name of Corpo	ration as currently f	iled with the Florida Dept.	of State)	- <del></del>	Fii 4
<del></del>	210000 36			,	
(Do	cument Number of C	orporation (if known)		•	• •
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	orida Profit Corporation ad	opts the followir	ng amendmen	n(s) to
A. If amending name, enter the new name of th	e corporation:				
PUM CORF	2.			The new	
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I chartered," "professional association," or the ad-	l "corporation," "con Inc," or "Co". A p	ipany," or "incorporated" or rofessional corporation no	or the abbreviati ame must conta	— on "Corp.," in the word	
B. Enter new principal office address, if applica	able:	12106 TR	EE HAJE	N AUE	
(Principal office address MUST BE A STREET A		LIBSONON			
		3.3	3334		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	(2106 TREE	HAVEN	A) E	
· .		bisocton	FL		
		335	34		
D. If amending the registered agent and/or reg		s in Florida, enter the nam	ne of the		
new registered agent and/or the new registe	,				
Name of New Registered Agent	MID			_	
	(Florida street	address)		_	
New Registered Office Address:	AIN		Florida		
New Register ed Office Fluid ess.	(City)			Code)	
N D 14 14 15 15 15	<b>15</b>				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.	<b>Registered Agent:</b> at. I am familiar with	and accept the obligations	of the position.		
	·				
	N/A				
<u> </u>	Signature of New Regi	stered 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)

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X_Add	<u>-</u> <u>SV</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	Address
(Check One)		Nla	210
1) Change		<u> </u>	MA
Add		· /	
Remove			
2) Change		<u> </u>	
Add		4	
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			· ·
Remove		i	
5) Change			
Add			
Remove			
6) Change	<u>_</u>		
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if nec	essary). (Be specific)	,		
NIA			<del> </del>	
P ( N	<del>-</del>			
				<u> </u>
<u> </u>				·· <del>·</del>
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F. If an amendment provides for provisions for implementing	r an exchange, reclassi	ification, or cancell	ation of issued sha	res,
(if not applicable, indicate	e N/A)	contained in the a	menamene resen:	
N.la	·	· · · · · · · · · · · · · · · · · · ·		
	1			<del></del>
			<u> </u>	

The date of each amendment(s) adoption: _date this document was signed.	03-02-2022	, if other than the
-	03-03-3022 (no more than 90 days after amendment file day	te)
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
★ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient fo	e shareholders. The number of votes cast for the a r approval.	mendment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendm	
	endment(s) was/were sufficient for approval	
by HAROLD L. FON	oling group)	
Dated $03-0$ Signature $24$	2-2022	
selected, by an in	esident or other officer – if directors or officers have corporator – if in the hands of a receiver, trustee, or y by that fiduciary)	
	(Typed or printed name of person signing)	
<del></del>	(Title of person signing)	