P21000029804

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: ANTHONY'S LAS	ND TILE INC			
DOCUMENT NUM	P31000030804				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	NOE MALCA				
	Name of Contact Person				
	MALCA TAX SERVICES II	NC			
		Firm/ Company			
	5245 RAMSEY WAY STE 7	7			
	Address				
	FORT MYERS FL 33907				
		City/ State and Zip Cod	e		
	OFFICE@MALCATAX.CO	M			
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	ion concerning this matter, pleas	se call:			
NOE MALCA		at (
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ai Di Pa	ailing Address nendment Section vision of Corporations O. Box 6327 illahassee, FL 32314	Ameno Divisio The C 2415	Address Iment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation

ANTHONY'S LAND TILE INC	
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P21000029804	
(Document Number	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
HEXA PRO SERVICES INC	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.,	" "company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	2 2
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
·	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addr	
Name of New Registered Agent	
Name of the negligional region	
(Florida	street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag	en <u>t:</u>
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligations of the position.
Sionature of Nev	w Registered Agent, if changing
2.3	

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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ERNESTO L CASTILLO	323 HAROLD AVE S
X Add	-		LEHIGH ACRES FL 33973
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Rémove			

tach additional sheets, if necessary)	rticles, enter change(s) here:). (Be specific)	
	· · · · · · · · · · · · · · · · · · ·	
		<u> </u>
,		
		<u> </u>
<u>an amendment provides for an ex</u>	change, reclassification, or cancellation of issued shares,	
rovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:	
(i) not appricable, material (1971)		
- · · · · · · · · · · · · · · · · · · ·		
		
		

•	04/23/2024	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	2/2024	
Effective date <u>if applicable</u> :	3/2024	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder act	tion and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendmen officient for approval.	t(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
ODIR A LANDAVER		
by	(voting group)	
04/23/2024		
DatedSignature	lic Candauxde	
(By a d selecte	irector, president or other officer – if directors or officers have not beer d, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	
	ODIR A LANDAVERDE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	