## P21 000050310

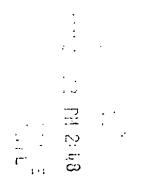
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR		; 		
DOCUMENT NUME	BER: P21000050310			
	of Amendment and fee are sub	mitted for filing.		
Please return all corres	pondence concerning this mat	ter to the following:		
	Stephen M. Blackburn			
		Name of Contact Person		
	Attorney at Law			
<u>;</u>		Firm/ Company		
	412 Northeast 4th Street			
•	· · · · · · · · · · · · · · · · · · ·	Address		
	Fort lauderdale, Florida 33301	l		
		City/ State and Zip Code	:	
	E-mail address: (to be used for future annual report dotification)			
	E-mail address: (to be us	ed for future annual report	dotification)	
For further information	n concerning this matter, pleas	ee call:		
Stephen m. Blackburn	1	954 at (	de & Daytime Telephone Number	
Name of Contact Person		Area Coo	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fcc & 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 The C	Address Iment Section In of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

to

HIGH PEAKS, INC.					
	rporation as currently	filed with the Florid	a Dept. of State	)	
P21000050310					
	(Document Number of	Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	, Florida Statutes, this F	Florida Profit Corpord	ation adopts the fi	ollowing am	endment(s)
A. If amending name, enter the new name o	f the corporation:	N/A			
name must be distinguishable and contain the w "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc." or "Co" A	ompany," or "incorpo professional corpora	rated" or the abb tion name must	The reviation "C contain the	Y 11
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	olicable: ET ADDRESS )	NA			<del></del>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	<u>:</u> CE BOX)	NIA			<del></del>
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent	registered office address:  N/A	ess in Florida, enter t	he name of the	-	<del></del>
					ا
<del></del>	(Florida stree	et address)	<del></del>	r	?
New Registered Office Address:	NIA				50
THE THOUSENESS OF THE THOUSENESS.		City)	, Florida	(Zip Code)	<del></del> -
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent's Chack if applicable.	gent. I am familiar wi	th and accept the obliq		ition. 	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant	t 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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P,S,T,D	David G. Passmore	1489 Northwest Lakeside Trail
X Add			Stuart, Florida 34994
Remove			
2) Change			
Add			
Remove 3) Range			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

-	f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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. ј	f an amendment provides for an exch	anno roclossifico	tidan an annaellation a	fions all about	
-	provisions for implementing the amei	ndment if not cor	tained in the amendu	ent itself:	
	(if not applicable, indicate N/A)			CHE KACHI	
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The date of each amendment(s) adoption: _	JUNE 16,2021	, if other than th
date this document was signed.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Effective date if applicable:		
	(no more than 90 days after amendment file datc)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this date of State's records.	e will not be listed as th
Adoption of Amendment(s)	HECK ONE)	·
■ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) rapproval.	)
☐ The amendment(s) was/were approved by the must be separately provided for each voting	the sharcholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
by	,,	
(vo	oting group)	
June	l	
Signature		
selected, by an inc	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
DAVID G	P. PASSMORE	
	(Typed or printed name of person signing)	
President,	Secretary, Treasurer, Director	
<del></del>	(Title of person signing)	