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ALLAHASSEE FEU



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HBP Group Inc				
DOCUMENT NUME	BER: P21000051449				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Luis Eugenio Davila				
	Name of Contact Person				
	Regal Tax Advisory Group LLC				
	Firm/ Company				
	1500 NW 89th Ct., Suite 106				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Doral, Florida 33172				
		City/ State and Zip Cod	c		
	info@regaltax.us				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Luis Eugenio Davila		305 at (de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	☐S43.75 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

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(Name o					
(Ittellie to	f Corporation as curren	tly filed with the Florida	Dept. of State)		
P21000051449					
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporat	tion adopts the fo	lowing a	mendment
A. If amending name, enter the new na	ime of the corporation:				
NA	<u>-</u> .				he new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co".	A professional corporat	ated" or the abbr ion_name_must=	eviation ' contain t	'Corp.," he word
B. Enter new principal office address, i		NA			
(Principal office address MUST BE A STREET ADDRESS)		NA			
		NA			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		NA 			
		NA		. 	
D. If amending the registered agent an new registered agent and/or the new			he name of the		
Name of New Registered Agent	NA				1 .
Same of the registered agent	NA NA		71	· 60	-
	(Florida s	treet address)		<u> </u>	 -
New Registered Office Address:	NA		r , Florida	7	
New Registerea Office Address:		(City)	, i iorida	(Zip Cod	

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)

Example:

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Gonzalez Da Silva Jose	PO Box 226708
Add X Remove			Miami, FL 33222
2) Change	P	Bucci, Henry	PO Box 226708
X Add			Miami, FL 33222
Remove 3) Change			
Add			
Remove 4) Change			
Add			<u> </u>
Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

1.5	h additional sheets, if necessary). (Be specific)
!A	
	<u></u>
<u>If ar</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	isions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	g nor apprecime, mateur rowy
A 	
	
	

	06/10/2021	
The date of each date this documen	amendment(s) adoption:	, if other than the
Effective date <u>if a</u>	applicable:	
_	applicable: (no more than 90 days after amendment file date)	
	inserted in this block does not meet the applicable statutory filing requirements, this date tive date on the Department of State's records.	will not be listed as the
Adoption of Ame	endment(s) (<u>CHECK ONE</u>)	
The amendmen action was not	nt(s) was/were adopted by the incorporators, or board of directors without shareholder action required.	and shareholder
	nt(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) olders was/were sufficient for approval.	
	nt(s) was/were approved by the shareholders through voting groups. The following statement rately provided for each voting group entitled to vote separately on the amendment(s):	
	mber of votes cast for the amendment(s) was/were sufficient for approval	
by	``	
,	(voting group)	
	06/10/2021	
	Dated	
	Signature Henry Bocci (By a director, president or other officer – if directors or officers have not been	
	(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)	
	Henry Bucci	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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