P22000000482

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
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SECRETARY OF STATE TALLAHASSEE, FI

February 4, 2022

CYNTHIA L HAMMETT 8842 SW 91ST STREET UNIT D OCALA, FL 34481 US

SUBJECT: HOGAN'S MOBILE BOOKEEPING, INC.

Ref. Number: P22000000482

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00002806

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

Mailing Address
Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPO	PRATION: HOGAN'S MOBIL	LE BOOKKEEPING, INC.	
	IBER: P22000000482		·
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	CYNTHIA L HAMMETT		
	 	Name of Contact Person)
	HAMMETT FINANCIAL, P	.A.	
	 	Firm/ Company	
	8842 SW 91st STREET UNI	T D	
		Address	
	OCALA, FL 34481		
		City/ State and Zip Code	2
	cindylhammett@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
CYNTHIA L HAMN	ИЕТТ	at (861-2000
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
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)

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE

HOGAN'S MOBILE BOOKEEPING, INC.

HOORN'S MOBILE BOOKEET ING, INC.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of S
P22000000482	$\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}}}}}$
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
HOGAN'S MOBILE BOOKKEEPING, 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.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
(Timeput office unitess most be a street aboress)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
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 addre	ss:
N/A Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address: N/A	, Florida ^{N/A}
There register our office ritual tas.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	<u>nt:</u>
I hereby accept the appointment as registered agent. I am familian	r with and accept the obligations of the position.
N/A	
Signature of New	Registered Agent if changing

Check if applicable

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

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove 3) Change		N/A	
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

	sheets, if necessary,					
N/A						
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F Ifam agreemed	provides for an ex	change, reclassi	fication, or ca	ncellation of issu	ied shares.	
r. II an amengment	nolementing the ar	nendment if not	contained in t	he amendment	itself:	
provisions for in						
provisions for in	cable, indicate N/A)					
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	NUARY 6, 2022	: C _ 4 L _ 4 L _ 4 L
The date of each amendment(s) adoption: date this document was signed.		, if other than th
JANUARY 1, 20	122	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of	ot meet the applicable statutory filing requirements, this d State's records.	late will not be listed as th
Adoption of Amendment(s) (CH	ECK ONE)	
■ The amendment(s) was/were adopted by the i action was not required.	incorporators, or board of directors without shareholder act	tion and shareholder
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendment approval.	t(s)
	e shareholders through voting groups. The following staten group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amen	odment(s) was/were sufficient for approval	
by N/A	."	
	ing group)	
Dated 02/	11/2022	
Signature X	of Alocan	
(By a director, president)	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other conby that fiduciary)	
1	DENISE F. HOGAN	
(*	Typed or printed name of person signing)	
	PRESIDENT	
(Title of person signing)	

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