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(((H220001182053)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name I JTAX CORP

Account Number : 120200000009

Phon•

: (954)544-1000

Fax Number

: (954)678-4500

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN HGP SOLUTIONS USA CORP

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J. HORNE APR - 1 2022

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: : :		- 2022 SEC
·	Articles of Amendment	PHAR CRET
	to	중인 됐
	Articles of Incorporation	- (종왕 <b>으</b> :
HGP SOLUTIONS USA CORP	of	
	Name of Corporation as currently filed with the Florida Dept. of State)	
P22000010443		3_
	(Document Number of Corporation (if known)	
ursuant to the provisions of section	on 607.1006, Florida Statutes, this Florida Profit Corporation adopts the follows	
s Articles of Incorporation:	the foliation and pis the foliation adopts the folia	Dwing amendmeni(s)
. If amending name, enter the	new name of the corporation.	
	new name of the corporation.	
ama musa ki disa mila di di di		The new
ume musi ve aistinguisnavie and c Inc" or Co" or the designati	contain the word "corporation," "company," or "incorporated" or the abbrevian "Corp." "Inc." or "Co"	viation "Corp.,"
chartered, " "professional associa	ion "Corp," "Inc," or "Co". A professional corporation name must coation," or the abbreviation "P.A."	intain the word
<b>:</b>		
Enter new principal office add rincipal office address MUST B.	dress, if applicable:	<del></del>
The man ess in Con Di	LASINCEI AINDRESS )	
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Enter new mailing address, if	fapplicable:	
(Mailing address MAY BE A P	POST OFFICE BOX)	
· !	<del> </del>	<del></del>
If amending the registered and		<del></del>
new registered agent and/or th	ent and/or registered office address in Florida, enter the name of the he new registered office address:	
: !		
Name of New Registered A	gent	<u></u>
}		
	(Florida street address)	<del>_</del>
! <u>New Registered Office Add</u>	Troce:	
Her legan office Audi	70:- 1	Zip Code)
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w Registered Agent's Signature	t, if changing Registered Agent:	
ereby accept the appointment as r	registered agent. I am familiar with and accept the obligations of the position	n.
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i		

Signature of New Registered Agent, if changing

Fax: (850) 617-6380

03/31/2022 12:51 PM

Page: 2 of 5

Check if applicable

From: Jtax Corp

Fax: 19546784500

To:

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Remove

6) \_\_\_\_ Change

\_\_ Add | \_\_ Remove

If amending the Office	ers and/or	Directors, enter the title and name of each offi	icer/director being removed and title, name, and
address of each Office (Attach additional sheet		Director Demy Added:	,
Please note the officer/	is, y neces director ti	sary) lle by the first letter of the office title:	•
P = President: V = Vice	Presiden	it T= Treasurer S= Secretary D= Disease TD	
Executive Officer; CFO	= Chief F	in ancial Officer If an officer/director holds more	= Trustee; C = Chairman or Clerk; CEO = Chief ; than one title, list the first letter of each office held ;
	ar color mo	/414 DE F 117	
Changes should be note	d in the fo	ollowing manner. Currently John Dog is listed as	the PST and Mike Jones is listed as the V. There is
	ares me (	orporation, sally smill is named the vinhal S. Th.	ese should be noted as John Doe, PT as a Change,
Mike Jones, V as Remov Example:	re, and Sa	lly Smith, SV as an Add.	3
X Change	<u>PT</u>	John Doo	
<u>ze</u> onango	<u> </u>	John Doe	: :
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address :
l)Change	VP	INDINA SIMPLICIO DA SILVA	5319 LAKE BLVD
X Add			DELRAY BEACH, FL 33484
Remove			
2) Change			
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3)Change			
Add			
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4)Change			
Add			
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5) Change			
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tax Corp	Fax: 19546784500	То:	Fax: (850) 617-6380	Page: 4 of 5	03/31/2022 12:
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E. If ame	nding or adding additi	ional Articles, enter cl	Tonga(c) have	<del></del>	
(Attach	additional sheets, if nec	cessary). (Be specific	:)		
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F. If an am	endment provides for	an exchange reclassi	fication, or cancellation of issued	<b>.</b>	
provisi	ons for implementing to applicable, indicate	the amendment if not	contained in the amendment itself	<u>mares,</u> r	

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n amendme	nt provid	es for an ex-	change, reclassi	ification, or can	cellation of is:	ued shares,	
ovisions for	licable, inc	dicate N/A)	tenument is not	contained in ti	<u>ie amendment</u>	itself:	
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To:

The date of each amendment(s) adoption:	if other than the
date this document was signed.	n outer than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	t be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	reholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	•
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
03/31/2022 Dated	
Signature & Indina Simplicio da Silha	
(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)	
INDINA SIMPLICIO DA SILVA	
(Typed or printed name of person signing)	<del></del>
Vice President	
(Title of person signing)	<del></del>