P22000011589

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C 12/10/2022

COVER LETTER

*TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Haws of Francis Inc. DOCUMENT NUMBER: P22000011589 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: How of Francis In.
Firm/ Company 6666 Sa Haire Terrace Address City/ State and Zip Code HZAVIS8@ GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 672-9137

Area Code & Daytime Telephone Number Zavier Hasnani
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

•	OI.			
Haus of Francis Inc.	•		2022 SEP -6	AM In: 20
(Name of Corporation	n as currently fil	ed with the Florida Dej	ot. of State)	
P22000011580	<u>}</u>		2022 SEP -6 ot. of State) SECRE LARY TALLAHAS	UF STATE
(Docume	ent Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the col	rporation:			
			The	new
name must be distinguishable and contain the word "con "Inc.," or Co.," or the designation "Corp," "Inc," "chartered." "professional association," or the abbrev	or "Co". A pr			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>		······································		_
	_			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>			_
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		in Florida, enter the na	ame of the	_
Name of New Registered Agent				
	(Florida street d	ddress)		
No Position and Office Address.			Clarida	
New Registered Office Address:	(Cit <u>j</u>	·)	_, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered agent. If thereby accept the appointment as registered agent.	stered Agent: ' am familiar with	and accept the obligatio	ons of the position.	
Sional	ture of New Regis	tered Agent, if changing		
Signal	iare of them neglis	ici ca rigerii, ij crianging		
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> Jol	hn Doc	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ully Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Donna Jaber	3688 Coral Springs Drive
Add			Coral Springs, FL 33065
X Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

<u>f amending or adding a</u> Attach <i>additional sheets</i> ,	if necessary).	(Be specific)				
. NI						
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f an amendment provid	es for an exch	ange, reclassifi	cation, or can	ellation of issu	ed shares,	
provisions for impleme	nting the ame	ndment if not c	ontained in th	e amendment i	tself:	
(if not applicable, in	dicate N/A)					
AIM						
					- ·	
						
					-	
						

The date of each amendment(s) adoption: 8/14/2022	, if other than the
date this document was signed.	
Effective date if applicable: 8/14/2022 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	l not 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 action was not required.	l shareholder
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)	
(voting group)	
Dated 8/14/2022	
Signature	
(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)	_
Zavier Hasnen i (Typed or printed name of person signing)	
President	
(Title of person signing)	