## Pasce0034358

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900409386819

05/28/23--01025--003 \*\*35.00

76331...7 26 PN 7: 19

OS/26/23





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form for filing Articles of Amendment to amend the articles of incorporation of a Florida Profit Corporation pursuant to section 607,1006, Florida Statutes. This is a basic amendment form and may not satisfy all statutory requirements for amending.

A corporation can amend or add as many articles as necessary in one amendment.

- > The original incorporators cannot be amended.
- If amending the name of the corporation, the new name must be distinguishable on the records of the Florida Department of State. A preliminary search for name availability can be made through the Division's website at www.sunbiz.org. You are responsible for any name infringement that may result from your corporate name selection.
- > If amending the registered agent, the new agent must sign accepting the appointment and state that he/she is familiar with the obligations of the position.
- > If amending/adding officers/directors, list titles and addresses for each officer/director.
- > If amending from a general corporation to a professional corporation, the purpose (specific nature of business) must be amended or added if not contained in the articles of incorporation.

If a section is not being amended, enter N/A or Not Applicable. The document must be typed or printed and must be legible.

Pursuant to section 607.0123, Florida Statutes, a delayed effective date may be specified but may not be later than the 90th day after the date on which the document is filed.

Filing Fee \$35.00 (Includes a letter of acknowledgment)

Certified Copy (optional) \$8.75

Certificate of Status (optional) \$8.75

Send one check in the total amount made payable to the Florida Department of State.

Please include a letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information you may call the Amendment Section at (850) 245-6050

CR2E011 (1/20)

## **COVER LETTER**

TO: Amendment Section

Division of Corporation	ons			
NAME OF CORPORAT	D721/	D HENTERPR	ISES	3 INC
The enclosed Articles of A		emitted for filing		
The chelosed Afficies of A	menument and ice are sub	mitted for fifting.		
Please return all correspond	dence concerning this matt	ter to the following:		
	JOSEPH	H. HO	GGAR	<u> </u>
		Firm/ Company		<u> </u>
<del></del>	3060 MIS	SION OAKS	TRA	1
	BARTOW	FL 33	830	
	TUDTI TO 6	City/ State and Zip Cod	cam	
	TORIL JOY	- 11 11 11 44 1	<b></b>	
	E-mail address: (to be use	ed for future annual report	nouncauc	on)
For further information con	cerning this matter, please	e call:		
JOSEPH H.	HOGGARD	at (863	7	12-2544
Name of Co	ntact Person	Area Co	de & Dayt	ime Telephone Number
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	artment of	State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee icate of Status icd Copy tional Copy closed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co 2415 N	N. Monroe	orations allahassee e Street, Suite 810
		Tallaha	issee, FL 3	2303

## Articles of Amendment

Articles of Incorporation of

HOGGARD HENTERPRISES 3	INC			
(Name of Corporation as current	ly filed with the Fl	orida Dept. of St	tate)	
(Document Number of	of Corporation (if ki	южп)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Cor	<i>poration</i> adopts t	he following	amendment(s) to
A. If amending name, enter the new name of the corporation:				
HOGGARN ENTERPRISE	5 3	INC		The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	A professional cor	orporated" or the poration name n	abbreviation	"Corp.,"
B. Enter new principal office address, if applicable:	NA			<del></del>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	,			3
			- : ::	
				Comment Comment Comment
C. Enter new mailing address, if applicable:	ALV		2	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	<u> </u>		- <del>- 11</del>	
	12 2 1 2 11		- i - i	<del></del>
			THE V	٠
D. If amonding the registered agent and/or registered office add	in Florido ori	lou the name of t	<b>L</b> .	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address		ier the name of t	<u>ne</u>	
Name of New Registered Agent	A\N			
Name of New Registered Agent	<del>/-1</del> -x			
(Florida str	eet address)	<del> </del>	<del></del>	
	eer dadressy			
New Registered Office Address:	(City)	, Flori	da (Zip Co	de)
	(		( <b>y</b> <del></del> -	,
New Registered Agent's Signature, if changing Registered Agent. I hereby accept the appointment as registered agent. I am familiar v	with and accept the		e position.	
Signature of New R	egistered Agent, if c	changing		
Check if applicable				

Check if applicable

☐ The amendment(s) is/arc 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:

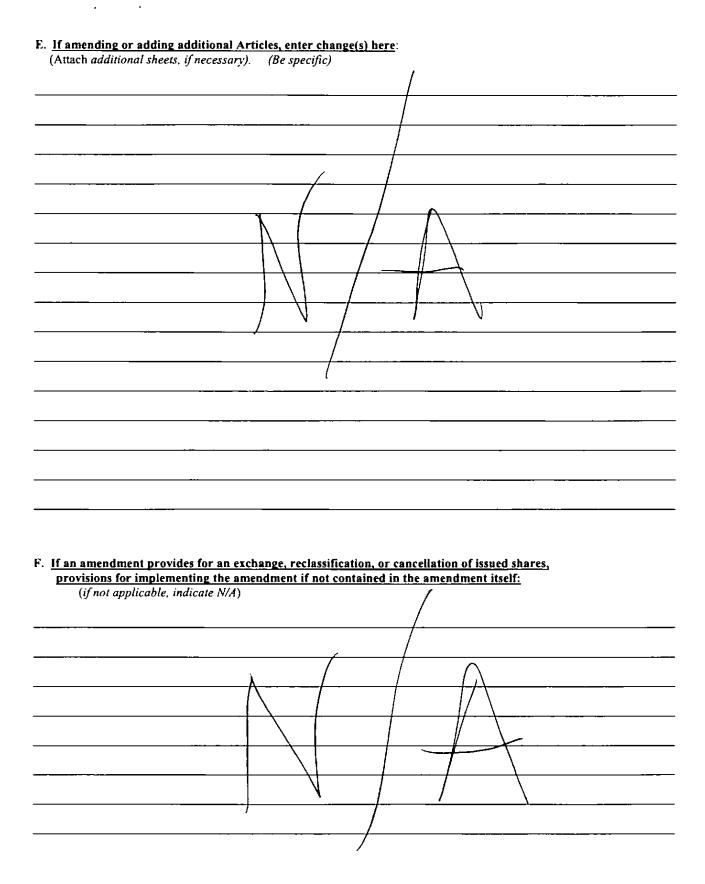
(Attach additional sheets, if necessary)

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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones	1	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add		. (	/ ~	
Remove		1	/ \	
2) Change		_		<del></del>
Add			/ / \	\
Remove 3) Change				<del></del>
Add				
Remove		V ,	/ /	
4) Change		/	<i>V</i>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				



The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after an	nendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	tes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting ground must be separately provided for each voting group entitled to vote separately	· · · · · · · · · · · · · · · · · · ·
"The number of votes cast for the amendment(s) was/were sufficient fo	r approval
by	."
(voting group)	
Dated 5/22/23 Signature Muquel a. Tone	1
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a recappointed fiduciary by that fiduciary)	
MIGUEL A. (Typed or printed name of person	
(1 yped or printed name of person	signing)
INTORPORP	MOR
(Title of person signing)	