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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE

Account Number : I19990000148 Phone : (813)769-7692

Phone : (813)769-7692 Fax Number : (813)223-6121

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

| Address: | | | |
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| | Address: | Address: | Address: |

COR AMND/RESTATE/CORRECT OR O/D RESIGN HAIGHT & ASHBURY USA, INC.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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Articles of Amendment

| | incorporation of | | |
|---|--|---|--------------|
| HAIGHT & ASHBURY USA, INC. | •• | | |
| (Name of Corporation as curre | ntly filed with the Florida Dept. of ? | State) | |
| P24000044227 | | | |
| (Document Number | of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation adopts | the following amer | ndment(s) to |
| A. If amending name, enter the new name of the corporation: | | | |
| 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 | The e abbreviation "Co must contain the | rp" |
| B. Enter new principal office address, if applicable: | 19501 Biscayne Blvd. | | |
| (Principal office address MUST BE A STREET ADDRESS) | Unit 1623, Upper Level | 202 | |
| | Aventura, FL 33180 | | |
| C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) | 19501 Biscayne Blvd. | - : | 275) |
| | Unit 1623, Upper Level | | |
| | Aventura, FL 33180 | , | <u>-</u> |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address. | dress in Florida, enter the name of | <u>the</u> | |
| Name of New Registered Agent | | | |
| (Florida : | street address) | | |
| New Registered Office Address: | , Flor | | _ |
| | (City) | (Zip Code) | |

Signature of New Registered Agent, if changing

Check if applicable

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

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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:

(Attuch udditional 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 <math>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>SY</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s | |
| 1) Change | DPST | Iqbal Dhalla | 19501 Biscayne Blvd. | |
| X Add | | | Unit 1623, Upper Level | |
| Remove | | | Aventura, FL 33180 | |
| 2) Change | | | 202 | |
| Add | | | | u |
| Remove 3) Change | | | <u> </u> | 1 THE |
| Add | | | 3 | , 1 1 |
| Remove | | | | * 25 |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

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| f an amendment provides for s provisions for implementing the | n exchange, | reclassificati | on, or cancel | lation of issu | ed shares, | | |
| (if not applicable, indicate i | V/.4) | <u> </u> | | une nomene. | 194111 | | |
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| Fax Audit No. H24000245279 3 The date of each amendment date this document was signed | t(s) adoption: | , if | other than the |
|---|--|---|-----------------|
| Effective date if applicable: | | | |
| | (no more than 90 days ofter amendment file date) | | |
| Note: If the date inserted in to document's effective date on the | this block does not meet the applicable statutory filing requirements, this date with the Department of State's records. | ill not b | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| The amendment(s) was/wer action was not required. | re adopted by the incorporators, or board of directors without shareholder action an | nd share | holder |
| ☐ The amendment(s) was/wer by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval. | | |
| | e approved by the shareholders through voting groups. The following statement , d for each voting group entitled to vote separately on the amendment(s): | 17.07 | 2 |
| | cast for the amendment(s) was/were sufficient for approval | 51 700 hZ0Z | |
| by | (voting group) | | |
| 7/19 Dated | 0/2024 · | 7.1 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | |
| Signature | y a c DESIGNATION Other officer – if directors or officers have not been | _ | |
| sc | lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | | |
| | Iqbal Dhalla | | |
| | (Typed or printed name of person signing) | | |
| | President | | |
| | (Title of person signing) | | |