| P9600000159 | | | | | |
|---|--|--|--|--|--|
| (Requestor's Name) (Address) (Address) | (Address) 100362421041 | | | | |
| (City/State/Zip/Phone #) | 01/27/2301006011 +*43.75 | | | | |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | EILED 2022 DEC 28 PM 12: 10 SECRETARY OF STATE TALLANASSECTE | | | | |
| Coffice Use Only | Smend | | | | |

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JAN 2 4 2023

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COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: HFM, Inc.

4

DOCUMENT NUMBER: P9600000159

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

| | | Elaine Johnson James | | | | |
|--|--|--|--|--|-------------------|-------------|
| | | | Name of Contact Persor | 1 | | |
| | | Elaíne Johnson James, P.A. | | | | |
| | - | · · · · · · · · · · · · · · · · · · · | Firm/ Company | | | |
| | | 5080 North Ocean Dr., Apt. | ШB | | | |
| | - | <u> </u> | Address | | | |
| | | Riviera Beach, FL 33404 | | | | |
| | | | City/ State and Zip Code | ç | | |
| | | ejames@claincjohnsonjames | .com | | (0) | 2 |
| | E-mail address: (to be used for future annual report notification) | | | | | 2022 DEC 28 |
| For further i | nformation | n concerning this matter, plea | se call: | | ARY (| |
| Elaine John | son James | | at (| 245-1144 | | PM I |
| | Name o | f Contact Person | Area Coo | de & Daytime Telephone I | Vuniber | - :2 |
| Enclosed is a | a check fo | the following amount made | payable to the Florida Depa | artment of State: | (¹¹) | 0 |
| 🗋 \$35 Fili | ng Fce | S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisio The Ce 2415 N | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 3 assee, FL 32303 | \$10 | | |

to Articles of Incorporation of

HFM, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P9600000159

(Document Number of Corporation (if known)

The new

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendmenits Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

| B. | Enter new principal office address, i | if applicable: | | | |
|---|---------------------------------------|------------------------------|--|----------|-----------------|
| (Pi | rincipal office address MUST BE A St | TREET ADDRESS) | | | |
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| | | | ······ | <u> </u> | |
| | | | (0) | ~ | |
| C. | | | -im | 2022 | |
| (Mailing address <u>MAY BE A POST O</u> | <u>OFFICE BOX)</u> | | -2- | | |
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| | | | | | ملاحدی مرتبع |
| | | | <u>⇒</u> 2 | 8 | |
| | | | <u></u> | | <u></u> |
| | | | (*) () rj =:) | | 2 F 3 |
| D. | If amending the registered agent an | d/or registered office addr | ess in Florida, enter the name of the They | 2 | |
| | new registered agent and/or the new | v registered office address: | | •• | |
| | | Elaine Johnson James | · · · · · · · · · · · · · · · · · · · | 0 | |
| | <u>Name of New Registered Agent</u> | | | - | |
| | | | | | |
| | | | | - | |
| | | (Florida stre | el address) | | |

| | (Fibriaa sireet address) | |
|---------------------------------------|---|--------------------|
| <u>New Registered Office Address:</u> | 5080 N. Ocean Drive, Suite 11B, Riviera Beach | 33404 , Florida |
| | (City) | (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nan 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offic 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. T 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 C Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| <u>X</u> Change | <u>PT John</u> | Doc | | | |
|-------------------------------|------------------------|-------------------|--------------------------|--|--|
| X Remove | <u>V</u> <u>Mike</u> | Mike Jones | | | |
| <u>X</u> Add | <u>SV</u> <u>Sally</u> | Smith | | | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s | | |
| 1) Change | S. D | David Bunis | 100 Institute Rd. | | |
| Add | | | Worcester, MA 01609 | | |
| XX Remove | | | | | |
| 2) Change | P, T D | Michael Horan | 100 Institute Rd. | | |
| Add | | | Worester, MA 01609 | | |
| XX 3) Change | P. D | Steven C. Brigati | 9324 Scarborough Court | | |
| XX Add | | | Port St. Lucie, FL 34996 | | |
| Remove | | | | | |
| 4) Change | S. D | Dennis Payne | 9332 Scarborough Court | | |
| XX Add | | | Port St. Lucie, FL 34996 | | |
| Remove | | | | | |
| 5) Change | T. D | Anthony Gemma | 7676 Greenbrier Circle | | |
| XXAdd | | | Port St. Lucie, FL 34996 | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | <u> </u> | | |
| Remove | | | · | | |

| (Attach additional sheets, if necessary). | ticles, enter change(s) here: (Be specific) |
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| | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amo | endment if not contained in the amendment itself: |
| | |
| N/A | |
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Effective date if applicable:

(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 will not be listed document's effective date on the Department of State's records.

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.
- 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

(voting group) bv _ 12-01-2022 Dated Signature <u>U</u>A

Steven C. Brigati

(Typed or printed name of person signing)

President and Director

(Title of person signing)