P960001938

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

Office Use Only



200320989702

11/20/18--01011--010 **43.75

SECRETARY OF STATE

ECC 8 2 12:1

18 NOV 20 PM 4:

COVER LETTER

* TO: Amendment Section

Division of Corporations NAME OF CORPORATION: HCB Consulting, Inc. DOCUMENT NUMBER: P96000045308 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Adam Jordan Name of Contact Person Hank's Furniture, Inc. Firm/ Company 5708 Warden Road Address Sherwood, AR 72120 City/ State and Zip Code adam@hanksfurniture.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (501) 542-1000

Area Code & Daytime Telephone Number Adam Jordan Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 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) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 NOV 20 PM 4: 35

SUGRETARY OF STATE
currently filed with the Florida Dept. of State) SEE, FL
Number of Corporation (if known)
autes, this Florida Profit Corporation adopts the following amendment(s) to
ration:
The new
orporation," "company," or "incorporated" or the abbreviation inc." or "Co". A professional corporation name must contain the eviation "P.A."
N/A
<u>"S"</u>)
N/A
ffice address in Florida, enter the name of the
e address:
Florida street address)
, Florida (City) (Zip Code)
(c.iy)
ed Agent:
familiar with and accept the obligations of the position.
of New Registered Agent if changing

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_	<u> </u>	·
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) he (Be specific)		
A			
			
		·	
	. 	<u>-</u>	
 -			
 		· · · · · · · · · · · · · · · · · · ·	
	·		
			<u></u>
If an amendment provides for an exc provisions for implementing the am	hange, reclassification, o	r cancellation of issue	ed shares,
(if not applicable, indicate N/A)	enament it not contained	in the amendment its	<u>sen:</u>
Α			
·			
	•		
	-	 -	

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 amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Novemb Dated	er 19, 2018	
Signature	ALB. Boe	
selec	director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	
	Henry C. Browne	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	