P97000064618

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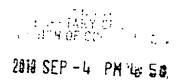
TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: H & R ESPRESS	O INC	
DOCUMENT NUM	1BER: P97000064618		
	es of Amendment and fee are su	bmitted for filing.	
Please return all corr	respondence concerning this ma	tter to the following:	
	HEATHER K TYNER		
	<u> </u>	Name of Contact Person	1
	H & R ESPRESSO INC		
		Firm/ Company	
	905 E NEW HAVEN AVE		
		Address	
	MELBOURNE, FL 32901		
		City/ State and Zip Cod	e
_	E-mail address: (to be us	YA hoo. COM sed for future annual report	notification)
For further informat	ion concerning this matter, pleas	se call:	
HEATHER K TYN	ER	at (321	684-9107
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	ortment of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	lailing Address	<u>St</u> reet	Address
	mendment Section		lment Section
in in		• • • • • • • • • • • • • • • • • • • •	C-3 1

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



H & R ESPRESSO INC

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P97000064618	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	·
Enter new mailing address, if applicable:	•
(Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address.	
Name of New Registered Agent	
name system regimered rigen	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
iew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	
	. 5 , .,
Signature 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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VPSD	RICHARD B TYNER	905 E NEW HAVEN AVE
Add			MELBOURNE, FL 32901
X Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

	Iding additional Arti sheets, if necessary).	(Be specific)				
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<u>If an amendment</u>	provides for an excl	hange, reclassific	<u>ration, or cancell</u>	<u>ation of issued s</u>	hares,	
Cifnot applie	nplementing the ame rable, indicate N/A)	endment if not co	ntained in the ar	<u>nendment itself:</u>	£	
(ij noi appite	utive, indicate tvia)					
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- ···-						
			r.t			
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date this document was signed.	doption:	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement 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	
1000 by		
<u> </u>	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	8/28/18	
Signature	Applier Tauel	
(By a c selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)	
	HEATHER K TYNER	
•	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	