# 980053613

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### **COVER LETTER**

Division of Corporations NAME OF CORPORATION: HRA EGYPT LAKE, INC. DOCUMENT NUMBER: P98 0000 53613 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARILYN BAHAMONDES
Name of Contact Person
HRA EGYPT LAKE INC.
Firm/Company 1135 KANE CONCOURSE, 4TH FLOOR BAY HARBOR ISLANDS, FL 33154 City/ State and Zip Code RBOURR EALTY. COM
to be used for future annual report notification) For further information concerning this matter, please call: ARILYN BAHAMONDES at (305) 398 - 7734

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 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 (Additional Copy enclosed) is enclosed)

### **Mailing Address**

TO: Amendment Section

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

# Street Address

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

## Articles of Amendment to Articles of Incorporation of

HRA EGYDT LAKE,	INC.	filed with the Florida I			
<b>~</b>	oration as currently	filed with the Florida I	Dept. of State)		
V98000053613	N	Corporation (if known)			
(L	Jocument Number of C	Lorporation (11 known)			
Pursuant to the provisions of section 607.1006. Fits Articles of Incorporation:	Iorida Statutes, this Fi	lorida Profit Corporatio	n adopts the fol	lowing amenda	ient(s) t
A. If amending name, enter the new name of t	the corporation:				
				The ne	31"
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	"Corp," "Inc," or "Ce	o". A professional corp	orporated" or poration name	the abbreviation	111
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )		•	17 SEP 28 SECHETARY FALLAHASSE	FILI
D. If amending the registered agent and/or renew registered agent and/or the new regist		ss in Florida, enter the	name of the	PH 4: 19 OF STATE FLORIDA	
Name of New Registered Agent					
	(Florida stree	t address)	·····		
New Registered Office Address:		lity)	, Florida	(Zip Code)	
	10	,		(sup conte)	
New Registered Agent's Signature, if changing		de and annous de a lett		•••	
I hereby accept the appointment as registered ag	ent. I am familiar wi	th and accept the obliga	tions of the posi	tion.	
	Signature of New Res	gistered Agent, if changing	ng		

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	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	VP JOSH GOLD	1135 KANE CONCOURSE, 4TH FLOOR
Add		BLY HARBOR ISLANDS, FL 33154
Remove		
2) Change	VP Jennifer SAZANT	1135 KANE CONCOURSE, 4Th FLOOR
_X Add	,	BAY HARROR ISLANDS, FL.
Remove	.10	
3 ) Change	VP KAREN ROBERTS	135 KANE CONCLURSE 4TH FLOOR
Add Remove		BAY HAPBOR ISLANDS, EL
Kemove		
4) Change		<del></del>
Add Remove		
Kellove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
		<u>.</u>	-	
			<del></del>	
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<u>.</u>	<del></del>			
f an amendment provides for an excl	iang <u>e, reclassificatio</u>	on, or cancellation o	f issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ined in the amendn	ent itself:	
(y ma applications, maleure rail)				
		-		
	.,			
			·	

The date of each amendment(s) adoption:, if other t	han the
date this document was signed.	
Effective date if applicable:	
(no more man 20 days after amenanem 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.	l as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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 east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 9/20/17 Signature	
(By a director, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hapds of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed inductary by that node ary)	
NEIL SAZANT	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	
(Title of person signing)	