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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: HAN MAINTENANCE INC DOCUMENT NUMBER: 540572 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVIO R. WINTERFOW J. CPA
Name of Contact Person CPA Tax & Consulting PA
Firm/ Company PO Box 18027 SArasota, FL 34276

City/ State and Zip Code E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to **Articles of Incorporation**

HANS MAINTENANCE, Inc.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
S 40572	

S 40572	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "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:	932 Cronley Place SAMASOTA, FL 34237
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SACASOTA, FL 34237
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 50845
	SACASOTA, FL 34232
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of the 85:
Nume of New Registered Agent David Byrd	, Σ R.
932 Cronle	PLACE treet address)
New Registered Office Address: SACASOTA	, Florida 34237 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen	if:
I hereby accept the appointment as registered agent. A am gmiliar	
Signature of New Registered	Asont, 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>D</u>	HANS H. Bucken	3350 Plantation De
Add Remove			SALASOM, FL 34231
2) Change			
Add Remove			
3) Change			
Remove			
4) Change			
Add Remove			
5) Change			****
Add Remove			
6) Change			
Add			
Remove			

ласи авинониі Sh	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
N/A	
NA	
	
	
	
	
	the Arman Land Council house
an amendment p	rovides for an exchange, reclassification, or cancellation of issued shares, olementing the amendment if not contained in the amendment itself:
(if not applica	ble, indicate N/A)
N/A	
_	

The date of each amendment(s) adoption: MMCN ale, 2019 date this document was signed.	, if other than the
Effective date if applicable: MAYCh 36, 2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
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	
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 MArch 26, 2014	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
David Byrd, JR. (Typed or printed name of person signing)	
President	
(Title of person signing)	