onida **D**epartment of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702

: (407)841-1200

Fax Number

: (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

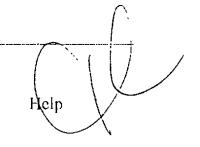
Ema	i	1	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN HHCP, INC.

Certificate of Status	0
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Corporate Filing Menu



From: Leslie Perryman

Fax: 14072329822

To:

Fax: (850) 617-6380

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Articles of Amendment to Articles of Incorporation of

HHCP, INC.		
(Name of Corporation as currently filed wit	h the Florida Dept. of State)	
S41724		
(Document Number of Corporati	on (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Provisions</i> of Incorporation:	ofit Corporation adopts the following amendme	:nt(s) to
A. If amending name, enter the new name of the corporation:		
	Тhe печ	
name must be distinguishable and contain the word "corporation," "company," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professio		
"chartered," "professional association," or the abbreviation "P.A."	The Conference name man Contain 1853.074	-173
)CT	ن د ورز
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		. 200
		f:
	T.	۱ ۱ تا تا در . المحتس دا ۱
	:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	်	
(1.11.11.11.11.11.11.11.11.11.11.11.11.1		
		
D. If amending the registered agent and/or registered office address in Flor	rida enter the name of the	
new registered agent and/or the new registered office address:	Tod, Cite Hame of the	
Name of New Registered Agent		
Name of New Registered Agent		
(Florida street address)	<u></u>	
If the the continuous		
New Registered Office Address: (City)	, Florida (Zip Code)	
Kiŋy	Tay Care)	
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent. I am familiar with and ac	cept the obligations of the position.	
Signature of New Registered A	gent, if changing	
•	· · · · · · · · · · · · · · · · · · ·	
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.		

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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:

 $P \sim President; V \sim Vice President; T \sim Treasurer; S \sim Secretary; D \sim Director; TR \sim Trustee; C \sim Chairman or Clerk; CEO \sim Chief Executive Officer; CFO \sim Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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: XChange	PT	<u>John Doc</u>	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address 5016 Centennial Blvd., 3rd Fig. Nashville, TN 37209 CC
1) Change	DP	Harold N. Terry	5016 Centennial Blvd., 3rd FI
Add			Nashville, TN 37209
X Remove			23
2) Change	DP	Mike Kolejka	5016 Centennial Blvd., 3rd FL 呈
X Add			5016 Centennial Blvd., 3rd FL 呈 Nashville, TN 37209
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

rom: Leslie Perryman	
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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
N/A		
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	<u> </u>	7
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
N/A		
		

From: Leslie Perryman Fax: 14072329822 To: Fax: (850) 617-6380 Page: 5 of 5 10/23/2023 2:44 PM (((H23000369600 3))) The date of each amendment(s) adoption: October 12, 2023 ____, if other than the date this document was signed. 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 as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) ☐ 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 18 October, 2023

(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

(Typed or printed name of person signing)

(Title of person signing)

appointed fiduciary by that fiduciary)

Michael Kolejka

President

Signature