## V72960

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## COVER LETTER

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

SUBJECT:	H.I.S.	Academ	y/Institute,	INC
			CORPORAT	<b>ENAME</b>

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

▼\$35.00 □ \$43.75 □ \$43.75 □ \$52.50

Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

H.I.S Academy/Institute,Inc	
Name (Printed or typed)	
1259 10th Street	
Address	_
Lake Park, FL 33403	
City, State & Zip	
561-881-5412	
Daytime Telephone number	
hisacademyinst2@att.net	
	1259 10th Street  Address  Lake Park, FL 33403  City, State & Zip  561-881-5412  Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

## RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation is: H.I.S.AC	ademylnst	itute,Inc	
ARTICLE II RESTATEDARTICLES The text of the Restated Articles is as follows:	The remov	al of one corp	porate member
/officer Treasurer/ from corpora			
		•	
			E. 2: 41
			f.et

## ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

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>Johr</u>	<u>1 Doc</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	v Smith	
Type of Action (Check One)	Title	Name	, Address
1) Change	treasurer	omar green	2 Mint Plaza
Add	- <del></del> -		# 502
X Remove			San Francisco,
2) Change			CA, 94103
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			
Remove			
6) Change			
Add			
Domovo			

Name:	John J. Green		
Address	1124 34th street		
, voutes	Riviera Beach, F	L 33404	
	um familiar with and accept the	appointment as registered agent and a	ated corporation at the place designated in this agree to act in this capacity
	Ryonired Signatur	PON c/Registered Agent	Date
ARTICLE V	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	'ON	•
		oration consolidate all amendme	ents into a single document:
ARTICLE V	II REQUIRED ADOPTION	<u>INFORMATION</u>	
Check if a	pplicable:		
☑ The am	endment(s) is/are being fi	led pursuant to s. 607.0120(11)6	E, F.S.
The date o	f each amendment(s) add	option is:	
	n the date this document is		
Adoption o	of Amendment(s)	(CHECK ONE)	
	endment(s) was/were adop shareholder action was no	-	rd of director without shareholder
	• •	ted by the shareholders. Then is s/were sufficient for approval.	number of votes cast for the
	iust be separately provide	oved by the shareholders throug d for each voting group entitled	
	The state of the s	e amendment was/were sufficier	nt for approval by
	(votin	g group)	

ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)

ARTICLE VIII EFFECTIVE DATE:	06/21/2021	
Effective date, if other than the date of filing:		(OPTIONAL)
(If an effective date is listed, the date must	he specific and cannot be i	more than 90 days after the filing.)

<u>Note:</u> 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.

I submit this document and affirm that the facts stated herein are true, I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

Dated: 06/21/2021	
Signature:  (By a director, president or other of have not been selected, by an incorporator – other court appointed fiduciary by that fiduciary	fficer – if directors or officers if in the hands of a receiver, trustee or iary)
John J. Green	•
(Typed or printed name of person sign	ning)
President	
(Title of person signing)	