## N1100008357

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Amend

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATIO	Nexus 70, Inc  N:				
	N11000008357				
DOCUMENT NUMBER: _					
The enclosed Articles of Am	endment and fee are submi	itted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
John Moran					
•••	(1	Name of Contact I	Person)	<del></del> .	
		(Firm/ Compar	>		
		(Firm/ Compar	1y)		
2852 Lexington Ct					
		(Address)	<del></del>		
Oviedo, FL 32765					
	((	City/ State and Zip	Code)	·=·	
shane@northropfinancial.co	m				
E	-mail address: (to be used f	or future annual re	port notificat	ion)	
For further information conc	erning this matter, please ca	ali:			
Shane Northrop, CPA		а	239	271-2488	
	(Name of Contact Person)	<u> </u>	(Area Code	e) (Daytime Telep	hone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida	Department	of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □ Certificate of Status	343.75 Filing Fed Certified Copy (Additional copy enclosed)	Cer is Cer (Ac	2.50 Filing Fee rtificate of Status rtified Copy dditional Copy is closed)	
Mailing A		_	treet Addres	-	

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

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

## Articles of Amendment to Articles of Incorporation of

Nexus 70, Inc			
(Name of Corporation	as curren	tly filed with the Florida Dept	. of State)
N11000008357			
(Docu	ment Numb	er of Corporation (if known)	W- =
Pursuant to the provisions of section 617.1006, Floumendment(s) to its Articles of Incorporation:	rida Statute	s, this <i>Florida Not For Profit C</i>	Corporation adopts the following
a. If amending name, enter the new name of th	e corporați	on:	
			The new
name must be distinguishable and contain the word Company" or "Co." may not be used in the nam		ion" or "incorporated" or the o	abbreviation "Corp." or "Inc."
3. Enter new principal office address, if application	able:	2852 Lexington Ct	
Principal office address MUST BE A STREET ADDRESS )		Oviedo, FL 32765	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	2852 Lexington Ct	
		Oviedo, FL 32765	
). If amending the registered agent and/or regi	stared offic	on address in Florida, ontar the	o name of the
new registered agent and/or the new register			e name of the
Name of New Registered Agent:	Northrop	Financial Group, LLC	或3 <b>??</b>
	13700 Six	Mile Cypress Pkwy Ste 2	.> 10
V 2 10m 111		(Florida street	address)
<u>New Registered Office Address</u>			22012
	Fort Myer		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changing hereby accept the appointment as registered agent			ations of the position.
		am Itm	Umg)
	S	ignature of New Registered Age	nt, if charging

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 X_Remove X_Add		Doe Jones Smith	
Type of Action (Check One)	<u>Tiţle</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	J. Duane Meeks	6539 Spring Meadow Dr
X Add	<u></u>		Greenacres, FL 33413-3476
Remove			
2) Change	D	Janice Meeks	6539 Spring Meadow Dr
X Add	<del>- '</del>		Greenacres, FL 33413-3476
Remove			
3) Change	<del> </del>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<mark>lf amending or adding add</mark> attach additional sheets, if n	itional Articles, et ecessary). (Be sp	nter change(s) i pecific)	<u>iere</u> :			
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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.
Adoption of Amendment(s) (CHECK ONE)
■ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 02-03-2017
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
John Moran
(Typed or printed name of person signing)
President
(Title of person signing)