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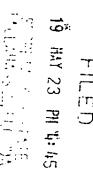
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JUN 10 2019

S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORA	ATION: NCP NA	70MM CAMI	PUS PIZOFESSIONAL IN			
DOCUMENT NUMBE		PHTOUNDA74.	L			
The enclosed Articles of	**Amendment and fee are s	ubmitted for filing.				
Please return all corresp	ondence concerning this m	atter to the following:				
	Name of Contact Person					
_		Firm/ Company				
_		Address				
_	- 	City/ State and Zip Co	de			
For further information	E-mail address: (to be t	used for future annual repor	rt notification)			
ror turtier information	concerning and maner, pier	ase can.				
Name of	Contact Person	at (Code & Daytime Telephone Number			
j	the following amount made		•			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amen Divisi	ng Address dment Section on of Corporations 30x 6327	Amer Divis	t Address Identify Section Identify Section Identify Section Identify Section			

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of

NCP NATIONAL C.	AMPUS PROFESSIONALINC
(Name of Corporation as current)	y filed with the Florida Dept. of State)
(Document Number of	OOOUTY f Corporation (if known)
	·
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	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 "corporatio "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: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	6908 BITTENBUSH PLACE BUYNTON BEACH FL 3347)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	6908 BITTER BUSH PUZE BUYNTON REACH FL 33472
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent LEWIL VIC	TO A
10908 BITTE	ENBULH PURCE
New Registered Office Address: BUMDN S	EACH STORY (City) Florida 33472 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I anv fimiliar	: with and accept the obligations of the position.
/ ×41	23 PH
Signature of New I	Registered Agent, 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	PT John	<u>n Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u> </u>	LYNN VICTOR	772 ENFIERD COURT
Add Remove 2) Change	PD	LEWIS VICTOR	DELRAY REACH FL 3344 6908 BITTERBUSH PLACE
Add	\		BOYMON REACHER 3341:
3) Change Add			
Remove			
4) Change Add Remove			
5) Change			
Add			
6) Change Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
-	
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $1 - 16 - 2019$	
(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 vidocument's effective date on the Department of State's records.	will not be listed as the
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 east for the amendment(s) was/were sufficient for approval	
by"	
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	
Signature	
By a director freedent or other officer - if directors or officers have not been	
selected, by the incorporator —If in the hands of a receiver, trustee, or other court appointed fauciary by that fiduciary)	
appointed and by that redefally)	
LYNN VICTOR	
(Typed or printed name of person signing)	
P	
(Title of person signing)	