

F21 000004337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

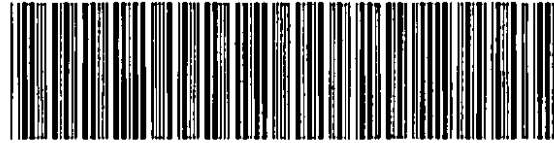
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/29/22--01017--015 **35.00

FILED
2022 JUN 29 AM 11:27
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dincog Limited Corporation

Name of Corporation

DOCUMENT NUMBER: F21000004337

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bernard Kiesel

Name of Contact Person

NCOG Limited

Firm/Company

555 Winderley Place, Suite 114

Address

Maitland, FL 32751

City/State and Zip Code

bk@ngd.earth

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

For further information concerning this matter, please call:

Bernard Kiesel

at (407) 677-1040

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

SUBMITTED
w/ ORIGINAL
INCORRECT FORM

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F21000004337

(Document number of corporation (if known))

1. Dincog Limited Corporation

(Name of corporation as it appears on the records of the Department of State)

2. Wyoming

(Incorporated under laws of)

3. 7/26/2021

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 06/22/2022

5. NCOG limited Corporation

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(Signature of New Registered Agent, if changing)

TALLAHASSEE, FLORIDA

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9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input checked="" type="checkbox"/> Add |
| _____ | _____ | _____ | <input checked="" type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

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 JAMES H. HARRIS
 CLERK OF CIRCUIT COURT
 IN AND FOR THE COUNTY OF
 PALM BEACH, FLORIDA

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Bernard Kiesel

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

BERNARD KIESEL

(Typed or printed name of person signing)

DIRECTOR/ PRESIDENT

(Title of person signing)

FILING FEE \$35.00

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: **NCOG Limited**
Old Name: **Dincog Limited**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **22nd** day of **June, 2022**



Filed Date: 06/22/2022

Edward A. Buchanan
Secretary of State

By: Kaytlynn Whisenhunt



Wyoming Secretary of State
 Herschler Building East, Suite 101
 122 W 25th Street
 Cheyenne, WY 82002-0020
 Ph. 307.777.7311
 Email: Business@wyo.gov

WY Secretary of State
 FILED: 06/22/2022 02:33 PM
 Original ID: 2013-000638195
 Amendment ID: 2022-003717049

**Profit Corporation
 Articles of Amendment**

1. Corporation name:
(Name must match exactly to the Secretary of State's records.)

Dincog Limited

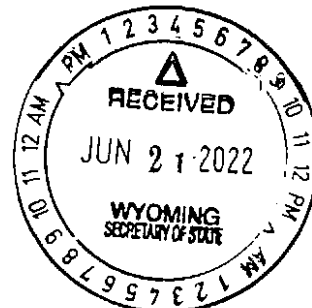
2. Article number(s) is amended as follows:

**See checklist below for article number information.*

Article I: Dincog Limited will further be known as NCOG Limited

3. If the amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself which may be made upon facts objectively ascertainable outside the articles of amendment.

4. The amendment was adopted on
(Date -- mm/dd/yyyy)



5. Approval of the amendment: (Please check only one appropriate field to indicate the party approving the amendment.)

Shares were not issued and the board of directors or incorporators have adopted the amendment.

OR

Shares were issued and the board of directors have adopted the amendment *without shareholder approval*, in compliance with W.S. 17-16-1005.

OR

Shares were issued and the board of directors have adopted the amendment *with shareholder approval*, in compliance with W.S. 17-16-1003.

Signature: Jasmine James
(May be executed by Chairman of Board, President or another of its officers.)

Date: 6/16/2022
(mm/dd/yyyy)

Print Name: Jasmine James, on behalf of

Contact Person: Jasmine James

Title: Capital Administrations, LLC,

Daytime Phone Number: 3076323333

Authorized Agent for Dincog Limited

Email: tax@wyomingcompany.com

(An email address is required. Email(s) provided will receive important reminders, notices and filing evidence.)

Checklist

- Filing Fee: \$60.00** Make check or money order payable to Wyoming Secretary of State.
- Processing time is up to 15 business days** following the date of receipt in our office.
- *Refer to original articles of incorporation to determine the specific article number being amended or use the next number in sequence if you are adding an article. **Article number(s) is not the same as the filing ID number.**
- Please mail with payment to the address at the top of this form. **This form cannot be accepted via email.**
- Please review the form prior to submission. **The Secretary of State's Office is unable to process incomplete forms.**