

F220000002328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

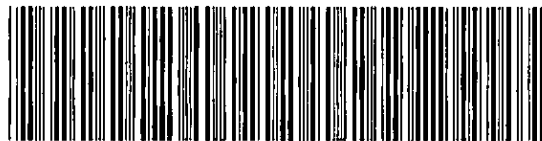
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 15 2024

Office Use Only



700436453507

2024-01-14 10:13:05

2024-01-14 10:13:05



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 23, 2024

BERNARD KIESEL
KDK ACCOUNTANCY CORPORATION
555 WINDERLEY PLACE, STE 114
MAITLAND, FL 32751

SUBJECT: NGD FINANCIAL CORPORATION
Ref. Number: F22000002328

We have received your document for NGD FINANCIAL CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 724A00021299

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NGD FINANCIAL CORPORATION

Name of Corporation

DOCUMENT NUMBER: F22000002328

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 Corporation

Firm/Company

555 Winderwly 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

407

951-4033

at ()

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

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)

F22000002328

(Document number of corporation (if known))

1. NGD FINANCIAL CORPORATION

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

2. Wyoming

(Incorporated under laws of)

3. 3/31/2022

(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? 9/13/2024

5. TGD FINANCIAL 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

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 type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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.



(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)

PST

(Title of person signing)

FILING FEE \$35.00



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: 09/25/2024 09:42 AM
Original ID: 2012-000628225
Amendment ID: 2024-005298152

Profit Corporation Articles of Amendment

1. Corporation name:

(Name must match exactly to the Secretary of State's records.)

NGD Financial Corporation

2. Article number(s)

FIRST

is amended as follows:

**See checklist below for article number information.*

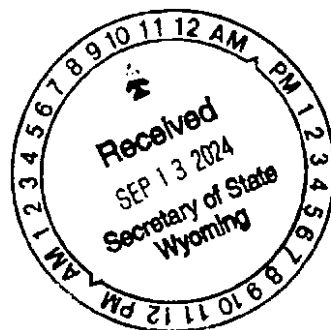
FIRST. NGD Financial Corporation will futher be known as TGD Financial Corporation

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

09/9/2024

(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: _____

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

Date: _____

09/09/2024

(mm/dd/yyyy)

Print Name: _____

Bernard Kiesel

Contact Person: _____

Bernard Kiesel

Title: _____

Chairman

Daytime Phone Number: _____

407-951-4033

Email: _____

bk@orlandocpa.net

(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.**

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

TGD Financial Corporation

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **August 28, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000628225**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of October, 2024 at 2:52 PM. This certificate is assigned ID Number 076852633.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, 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: **TGD Financial Corporation**

Old Name: **NGD Financial Corporation**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **25th** day of **September, 2024**



Filed Date: 09/25/2024


Secretary of State

By: Morgan Coe