N0900000 6364

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John Jan

COVER LETTER

- **TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ation: <u>Npact,</u> er: <u>N090000</u>	, Inc.	
DOCUMENT NUMB	er: <u>NO900C</u>	06364	
The enclosed Articles of	of Amendment and fee are subm	itted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Sigmund C (Name of C	Corey Mayerlen Contact Person)	
	(Firm/	Company)	
	13518 Devan Lee	Or. E.	
	,	,	
(City/ State and Zip Code)			
	Corey @ npac E-mail address: (to be used	Hamerica.org	tion)
For further information	concerning this matter, please of	call:	
Sigmund (Name o	Corey Mayerlen f Contact Person)	at (<u>904</u>) <u>755- (</u> (Area Code & Daytin	6259 ne Telephone Number)
Enclosed is a check for	the following amount made pay	vable to the Florida Department	of State:
\$35 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)
Amend Division P.O. Bo	ment Section n of Corporations ox 6327	Street Address Amendment Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Noact	Inc.		3
(Name of Corporation as cu	rrently filed with t	he Florida Dept. of State	
NO900	0006364		R-8 PM
	lumber of Corporati	on (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles o		this Florida Not For Pro	fit Corporation adopts
A. If amending name, enter the new name	e of the corporation	<u>n:</u>	Priv 0
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company	Florida, Indicate the word or "Co." may not	C. "corporation" or "incorporation" or "incorporation".	porated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR		Jacksonville,	rl Place West FL 32218
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		14476-111 Duva Jacksonwille, F	L Place West -L 32218
D. If amending the registered agent and/o new registered agent and/or the new remains of New Registered Agent:			the name of the
New Registered Office Address:	(Flori	da street address)	
		(City)	, Florida <i>(Zip Code)</i>
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.	ered agent. I am	gent: familiar with and accept	the obligations of the
	Signature of New	Registered Agent, if change	zing

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
TO	Chris Manus	205 Fox Hunt Ln Lebanon, TW 3706	Add Remove
<u>TD</u>	Horold Jones	1681 Hidden Forest LA Jacksonville, FL 322	Ae ⊠ Add Zg-□ Remove
			_
(attach ad	ing or adding additional Articles, enter	ific)	2.4 24
July_	liscal year of Npact Fl	ne 30th	
·	······································		

The date of each amendment(s) a	adoption: March 1, 2010
	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac was/were sufficient for approva	dopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of director	abers entitled to vote on the amendment(s). The amendment(s) was/were ors.
Dated3//	<u>/10</u>
Signature	= CAA-
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
_	Signund Covey Mayerlen (Typed or printed name of person signing)
_	President (Title of person signing)