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Office Use Only



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R. HUNT 05/05/23

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: NOAL C	stap Home	Inc.	
DOCUMENT NUMBER: N170000	010327		
The enclosed Articles of Amendment and fee are subm	nitted for filing.		
Please return all correspondence concerning this matte	er to the following:		
LINDA	Hamilton.		
-	(Name of Contact Perso	n)	
			-5 n
	(Firm/ Company)	<u> </u>	<u> </u>
	(Firm/ Company) 192 TANGEL (Address)	LINE BIVD	7: 22 STATE E. FL
\	N EST Palm Be (City/ State and Zip Coo	anch FL	33412
INTO@ NBH. Co. E-mail address: (to be used			
For further information concerning this matter, please			
LINDA Hamilton (Name of Contact Person)		57/-39	8-4843
(Name of Contact Person)	(A	rea Code) (Daytin	ne Telephone Number)
Enclosed is a check for the following amount made page	yable to the Florida Dep		
© \$35 Filing Fee □S43.75 Filing Fee & € Certificate of Status		□\$52.50 Filing F Certificate of S Certified Copy (Additional Co Enclosed)	tatus
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amen Divisi	Address dment Section on of Corporations tentre of Tallahasse	ec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation of

	(;)
NOAL GROUP HOME IN	C .
(Name of Corporation as currently filed with the Florid	
N17000010327	五元 小 下
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 617.1006. Florida Statemendment(s) to its Articles of Incorporation:	tutes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation of the corp	ration: HERCHASE, INC.,The new pration" or "incorporated" or the abbreviationTor "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SS) WEST Palm BEACH, FL 33412
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11192 TANGERINE BROWN. WEST PAIN BENCK, FL 33412
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent: 7 8	TM Tax + Accounting Solutions LLC
New Registered Office Address:	SID Lyons TECHNOLOGY CIR # 100 (Florida street address)
	CONNY Circle (City) Florida 33073 (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
	Signature of New 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 X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	President	EVA NEIL Hamilton	357 NW 2rd Court DEERLIELD BEACH, FL 33441
Remove 2) Change Add	Director	Ellit Holliday	10048 WINDING Lake Rd +10, SUNPISE, FL 33351
Remove 3) Change Add Remove	Secretary	HELENE Codelle	11477 Weth Street North West Palm Beach, FL 33412
4)ChangeAdd	President	Linoa Hamilton	11/97 TANGERINE BIND West Palm Black, FL 334/2
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional she		ticles, enter change(s) here: (Be specific)	7073 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
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The date of each amendment(s) adoption:		, if other than the
Effective date if applicable:		
Effective date if applicable:		
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will r	not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the members and the number of votes cast for the amen was/were sufficient for approval.	dment(s)	

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

Nay Job 3

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)

Linda Hamilton

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

2936 Y - 5 PM 7: 22