## P00000094181

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

Y (ME OF CODBOD (TION	NEW HORIZON T	TV, INC	
NAME OF CORPORATION  DOCUMENT NUMBER:	P00000094181		
The enclosed Articles of Amend	dment and fee are su	bmitted for filing.	
Please return all correspondence	e concerning this ma	Her to the following:	
		LYNNE GUBERMAN	
<del></del>		Name of Contact Person NEW HORIZON TV, IN	
		Firm/ Company PO BOX 772468	
-		Address OCALA, FLORIDA 344	77
		City/ State and Zip Code	
		lynnes51@gmail.com	
E-m	nail address; (to be us	sed for future annual report	notification)
For further information concern	ning this matter, pleas	se call:	
LYNNE GUBERMAN		305 at (	725-4800
Name of Contac	t Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made	payable to the Florida Dep	artment of State:
	43.75 Filing Fee & ertificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632	Section Corporations	Amenc Divisio	Address Iment Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

## NEW HORIZON TV, INC.

(Name)	of Corporation as currently	filed with the Florida Dept. of State)
	P(X)(X)(X)	94181
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	"orp," "Inc," or "Co". A	ompany," or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word
B. Enter new principal office address, if applicable:		16550 SW 40TH STREET
	cipal office address <u>MUST BE A STREET ADDRESS</u> )	OCALA, FLORIDA 34481
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u> )	
D. If amending the registered agent ar	ud/ar registered office addr	acs in Florida, onter the name of the
new registered agent and/or the new		
Name of New Registered Agent	LYNNE GUBERMAN	
	16550 SW 40TH STREET	

(Florida street address)

(City)

New Registered Office Address:

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

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

OCALA

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: XChange	PT	John Doe	
X Remove	$\underline{V}$	Mike Jones	
$\underline{X}$ Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
	P	ALFRED WAISER	3405 BIMINI LANE, SUITE 3L
1) Change			COCONUT CREEK, FL 33066
Add X Remove			
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/4)	
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(if not applicable, indicate N/A)	
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AUGUST 17, 2022 \_\_\_\_\_, if other than the The date of each amendment(s) adoption: date this document was signed. AUGUST 17, 2022 Effective date if applicable: (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 will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 AUGUST 17, 2022 (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) LYNNE GUBERMAN (Typed or printed name of person signing) CHEIF EXECUTIVE OFFICER

(Title of person signing)