PU2000130996

(Red	questor's Name)	
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(City	//State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
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(LXX	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Tiling Officer	
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: NOBO CORPORA	ATION	
	JMBER: P02000130996		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	MICHELE M HOOVER CPA	A	
		Name of Contact Perso	n
	SOLOMON & HOOVER CF	PA PLLC	
		Firm/ Company	
	1342 COLONIAL BLVD B-	11	
		Address	
	FORT MYERS, FL 33907		
		City/ State and Zip Coo	le
	MHOOVER@SOLOMONH	OOVER.COM	
	~	sed for future annual repor	t notification)
For further inform	ation concerning this matter, pleas	se call:	
МІСНЕLЕ M НО	OVER CPA	at (481-4114
Nai	me of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	© S43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations	Amen	Address dment Section on of Corporations

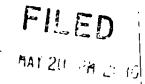
P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



NOBO CORPORATION

(N'	of Corporation as currently filed wit	SECRETARY OF	
P02000130996	or Corporation as currently filed wil	TALLAHASSEE, FL	
·	(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pi</i>	rofit Corporation adopts the following amendme	nt(s) to
A. If amending name, enter the new na	ame of the corporation:	,	ı
		The new	!
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co" chartered," "professional association,"	Corp," "Inc," or "Co". A profession	or "incorporated" or the chhreviation "Corp.," onal corporation name must contain the word	ĺ
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if applied (Mailing address MAY BE A POST) D. If amending the registered agent and the agent agent and the agent agent and the agent ag	od/or registered office address in Flo	orida, enter the name of the	:
new registered agent and/or the nev			
Name of New Registered Agent	MICHELE M HOOVER CPA		
	1342 COLONIAL BLVD B-11		
	(Florida street address)	1
New Registered Office Address:	FORT MYERS	. Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if cl			

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.

address of each Officer a (Attach additional sheets. Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = President, Treasurer, Dir Changes should be noted	and/or D if necess rector titl President Chief Fi ector wot in the fo ves the c	virector be sary) Ite by the fit; T= Tree inancial Could be PT thousand or portation.	eing added: irst letter of the office title: usurer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more the D. anner. Currently John Doe is listed as the n. Sally Smith is named the V and S. Thes	Trustee; $C = Chairman \ or \ Clerk$; $CEO = Chief$ han one title, list the first letter of each office held. The PST and Mike Jones is listed as the V. There is the should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	1
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D		HILL, THOMAS W	804 NICHOLAS PKWY E STE 1
Add				CAPE CORAL, FL 33990
X Remove				
2) Change		_		
Add				
Remove Change		_		;
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<u> </u>		
Add				
Remove				

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)	
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provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	<u>If an amendment provides for an exch</u>	ange, reclassification, or cancellation of issued shares,	
(i) not applicable, marcule (vivi)	provisions for implementing the amer	ndment if not contained in the amendment itself:	
	(if not applicable, indicate N/4)		
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	(if not applicable, indicate N/A)		
	(if not applicable, indicate N/A)		

03/01/2022	
The date of each amendment(s) adoption:	, if other than
date this document was signed.	
03/01/2022	
Effective date if applicable:	
(no more than 90 days af	ter amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	utory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of action was not required.	directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot: must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	,,,
(voting group)	
Dated	
	1
Signature	
(By a director, president or other officer – if di selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	
NORMAN KNOCHE	
(Typed or printed name of	person signing)
VICE PRESIDENT	
(Title of person signing)	

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