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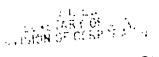
TO: Amendment Section Division of Corporations

2018 AUG 27 AM 11: 24

NAME OF CORPORA	TION: NOT Techn	nologies Inc.	
	к: <u>РØ3ØØ</u> Ø	•	
The enclosed Articles of	Amendment and fee are su	omitted for filing.	
Please return all correspo	ondence concerning this mat	ter to the following:	
	Melina	la Mays Name of Contact Person	
	NOTE	Echnologies Ir Firm/Company	Ιζ.
_	105 E	ast 5R 434 Address	
_	winte	Springs For City/ State and Zip Cod	32708
		·	
	E-mail address: (to be us	ii - rs · net ed for future annual report	notification)
For further information c	oncerning this matter, pleas	e call:	
Melinda	Maus	at (321	1 441-1800 x 111
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Dep	artment of State:
□ \$35 Filing Fee	S43.75 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)
	ng Address		Address
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
	assee, FL 32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



2818 AUG 27 AH 11: 24

NOI Technologies Inc	
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P03000	043372
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
N/A	The new
name must be distinguishable and contain the word "cor	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent N/A	
(F)	lorida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	
Signature e	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 Doc 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	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Thomas Storrar	Dacoll House
Add			Gardners Lane Bathgate, West Lothian, United Kingdom EH48 17
2) Change		Douglas Smart	Dacoll House
Add Remove		J	Gardners Lane Bathgate, West Lothian, UK, EH48 ITP GB
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
δ) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
If an amendment provides for an exchaprovisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
N/A	
	····

The date of each amendment(s) adoption:	N/A	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
1	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of States	meet the applicable statutory filing requirements, ate's records.	this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
☐ The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amend proval.	lment(s)
	shareholders through voting groups. The following s roup entitled to vote separately on the amendment(s	
"The number of votes cast for the amendr		
by(voting		
(votinį	g group)	
☐ The amendment(s) was/were adopted by the boaction was not required.	pard of directors without shareholder action and shareholder	reholder
The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and sharehol	der
Dated 12 Augus Signature www.du	st 2018	
Signature MSD Ch	mass.	
(By a director, preside	ent or other officer – if directors or officers have not	
	porator – if in the hands of a receiver, trustee, or other	er court
appointed fiduciary b	y that fiduciary)	
	Meliada Maus	
	Metinga Mays yped or printed name of person signing)	
(J.S. Finance Manager (Title of person signing)	
	(Title of person signing)	