P07000064154

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000331395770

07/11/19--....

7019 (1.1.1 Fill2: 1-6

Amend

JUL 1 9 2019 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	Notional Inc 070000LPH154
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Pared P E-mail address: (to be	Name of Contact Person HOCO Firm/ Company Address City/ State and Zip Code used for future annual report notification)
For further information concerning this matter, ple	rase call:
Name of Gontact Person	at (50) C 7 2 C 4 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

	-3 .
JP Notional Line	9
(Name of Corporation as currently filed with the Florida Dept. of State).	
PO70000184154	
(Document Number of Corporation (if known)	7
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amendme
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or to "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name word "chartered," "professional association," or the abbreviation "P.A."	he abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Drive
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) POR CX III.	<u> </u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent 1000 Hollow Sylve Sylve W (Florida street address)	<u></u>
New Registered Office Address: (City), Florida	53487 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	

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

I hereby accept the appointment as registered agent. I am 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, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 CharMike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, v as Kemo	эче, апа зацу эт	un, 5v as an Aaa.	
Example: X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	AIA	NA	1000 Hollard Dri
Add		2., 6	Sinte 10
Remove			toca foto, F13
2) Change			<u></u>
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary).	. (Be specific)	
	N/A	 _
		
	·-··	
in amendment provides for an exc	change, reclassification, or cancellation	of issued shares,
covisions for implementing the am (if not applicable, indicate N/A)	nendment if not contained in the amend	ment itself:
(9 000 00000000000000000000000000000000		
-		
	N/ <i>F</i>	

	N I lik	
The date of each amendment(s) adoption:	IVIA	, if other than
date this document was signed.		
Effective date if applicable:	N/A	
	than 90 days after amendment file do	ute)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's reco		ents, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE	<u>E</u>)	
☐ The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	rs. The number of votes cast for the a	mendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entity		
"The number of votes cast for the amendment(s) v	vas/were sufficient for approval	
by		
(voting group)		
☐ The amendment(s) was/were adopted by the board of diaction was not required.	rectors without shareholder action and	i shareholder
The amendment(s) was/were adopted by the incorporate action was not required.	ors without shareholder action and sha	reholder
Dated	29	
(By a director, president or other	ner officer – if directors or officers have	
	if in the hands of a receiver, trustee, o	or other court
appointed fiduciary by that fid	uciary)	
	imes I take	i
(Typed or p	orinted name of person signing)	
	PSTD.	
	(Title of person signing)	