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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

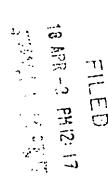
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code ress; (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

	rticles of Incorporation	
Noncuis	Tee's Inc	
(Name of Corporation	n as currently filed with the Florida	Dent of State)
DOG (1000	Dept. or ; wate,
(Docume	ent Number of Corporation (if known)	
(170cume	sit (valued of Corporation (it known)	
Pursuant to the provisions of section 607,1006. Floridalits Articles of Incorporation:	Statutes, this <i>Florida Profit Corporati</i>	on adopts the following amendment(s) to
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.	"corporation." "company." or "inc" Inc, " or "Co". A professional co	V The new corporated" or the abbreviation rporation name must contain the
word "chartered," "professional association," or the a	bbreviation "P.A."	
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDI</u>		10 100
		, , , , , , , , , , , , , , , , , , ,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<i></i>	
		2: 17
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		e name of the
Name of New Registered Agent		
	(Florida street address)	

New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registereds accept the appointment as registered agent. I	stered Agent:	entions of the position
enercos accept vie approximent as regioterea agent. 1	am jamina min and accept the being	mann of the position.
Signa	ture of New Registered Agent, if chang	ging

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	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				<u> </u>
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		•		
Add				<u> </u>
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Add				
Remove				
O Characa				
6) Change		<u> </u>		
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			ncellation of icensel	shanae	
an amendment provides fo	or an exchange, r	eclassification, or ca		MINITEN.	
provisions for implementin	ig the amendment	eclassification, or ca if not contained in t	he amendment itsel	<u>snarçs,</u> <u>f:</u>	
an amendment provides for implementin (if not applicable, indica	ig the amendment	eclassification, or ca if not contained in (he amendment itsel	f:	
provisions for implementin	ig the amendment	eclassification, or ca if not contained in (the amendment itsel	<u>f:</u>	
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f an amendment provides for provisions for implementin (if not applicable, indica	ig the amendment	eclassification, or ca	he amendment itsel	f:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
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 cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Bread 3/30/18	
Dated 3/30/18 Signature X Mula	
(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)	
X Laverne Wesley Parker (Typed or printed name of person signing)	
X Owner / President	
(Title of person signing)	