## P0900060356

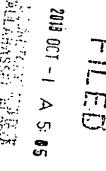
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## COVER LETTER

<u>COVER LETTER</u>
TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NIMES TOWNS THE COURTS INC
DOCUMENT NUMBER: TO TOCOCOO GO S
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Name of Contact Person  Name of Contact Person  Name of Contact Person  Firm/ Company  Address  Address  City/ State and Zip Code  City/ State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  On MINOR ST. at (439), (473-73-8
Mame of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations  Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
i minimosoc, i E 22/17 2001 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

		71 1 20 41 TH 14 IN .	. (6)	
(Name of Corpora	ation as currently i	iled with the Florida Dep	t. ovstate)	
- Muricis laure	47200	NL ICITAC	TCHO	000000
(Doc	ument Number of C	orporation (if known)		<u>.</u>
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Flo</i>	orida Profit Corporation a	dopts the follo	owing amendment(s
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w	wed "composition"	"company" or "incorn	orated" or th	The new
"Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or the	rp," "Inc," or "Co	". A professional corpor		
B. Enter new principal office address, if applical	ole:			
(Principal office address <u>MUST BE A STREET AI</u>	DDRESS )			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ROX)			
	<u></u> ,			
			<b>,</b>	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		s in Florida, enter the nar	ne of the	
new registered agent and/or the new registere	d office address.			
Name of New Registered Agent				
<del></del>	(Florida street	address)	~	
W B : 100			F31 - 1 - 1	
New Registered Office Address:	(Ci	(tr)	. Florida	Zip Code)
	( 3.	.,	,	,
New Registered Agent's Signature, if changing R	egistered Agent:			
I hereby accept the appointment as registered agent.	. Lam familiar with	and accept the obligation	s of the posts	<b>g</b> n.
			(57) <u>1</u>	
Sig	gnature of New Regi	stered Agent, if changing		177
			pij D	₹. <b>१.</b> १९७ कह
			- <u>유</u> 수 있	Tanada,

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	PT John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u> :	Name	Address
1) Change	DUC	Clinton Meek	7515 Hurinua Rd
Add Remove			11. PHILLES FL
2) Change	Sic	Ucrand Diogo	7515 Hannun
Add Remove	VP15		11 HINGER 5 Pt 5596
3 ) Change			
Add			
4) Change			
Add	<del></del>		
Remove			
5) Change			
Add			
6) Change	<u></u>		
Add			
Remove			

If amending or adding additional Artice (Attach additional sheets, if necessary).	(Be specific)	
		_
•	<del>.</del>	
		-
		-
		•
If an amendment provides for an exch provisions for implementing the amer	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption: _	4/24/18	, if other than the
date this document was signed.	9/24/18	
Effective date <u>if applicable</u> :	(no more than 90 days after ame	ndment file date)
Note: If the date inserted in this block does document's effective date on the Department		ing requirements, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for		east for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti		
"The number of votes cast for the an	nendment(s) was/were sufficient for a	oproval
by		"
(1	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder a	action and shareholder
Dated 9/24	/18	
Signature Dia A	di Whisler ?	in PT
(By a director, pr	resident or other officer – if directors nedporator – if in the hands of a recei	
	ally by that fiduciary)	/
	Drandip Step	Le LS
	(Typed or printed name of person s	_
	PRESIDENT	Transurev
	(Title of person signing	)