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| (Re | equestor's Name) | | | |
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| (Cit | ty/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Name | e) . | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

217 MAR 13 PM 2: 01

WAR 1 6 2017

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: (Name of Contact Person) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (904) 654 O\$13 (Area Code & Daytime Telephone Number) 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 Filling Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy is enclosed) Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED SEGRETARY OF STATE DIVISION OF COMPORATION:

2017 MAR 13 PM 2: 01

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|--|---------------------------|
| NNSA CORP | |
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| P10 0000 10404 | |
| (Document Number of Corporation (if known) | |
| rsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporate tendment(s) to its Articles of Incorporation: | tion adopts the following |
| If amending name, enter the new name of the corporation: | |
| | The new |
| me must be distinguishable and contain the word "corporation" or "incorporated" or the abbrevious ompany" or "Co," may not be used in the name. | ation "Corp." or "Inc." |
| Enter new principal office address, if applicable: cincipal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| E-ter very mailing address if applicables | |
| Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX) | |
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| · · · · · · · · · · · · · · · · · · · | _ _ |
| 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: | |
| | |
| (Florida street address) New Registered Office Address: | |
| | • |
| , Florida, Florida | (Zip Code) |
| | wip comp |
| w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent. I am familiar with and accept the obligations o | f the position |
| neey weeps me appendiment as regissered agent. I am juitaisat mitt und decept the outigations of | , posmon |
| | |

Page 1 of 4

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 X.Remove X.Add | PT John I V Mike SV Sally | Jones | |
|----------------------------------|---------------------------------|---------------|---|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change Add Remove | VP. | Bassam Haddad | 5518 River Forest Dr Jacksonville F1 32211 |
| 2) Change Add | | | |
| Remove 3) Change Add | | | |
| Remove 4) Change Add | | | |
| Remove 5) Change Add | | | |
| Remove 6) Change Add Remove | | | |

| amending or adding additional Art tach additional sheets, if necessary). | (Be specific) |
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| The date of each amendment(s) adoption: | , if other than the |
|--|---------------------|
| Effective date if applicable: 10-9-2014 (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. |) |
| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| Dated 10/9/2014 Signature Rev. Maccola Hotter | |
| (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) | · |
| Re New Mich | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | |