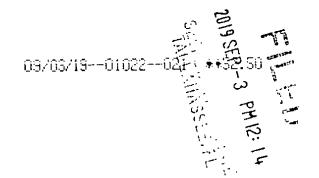
## P10000 065 347

(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



100333526331



SEP 1.1. 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Noble House Grou	p, Inc.			
DOCUMENT NUMB	ER: P10000065347				
	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	Betty Lofquist				
	Name of Contact Person				
	Noble House Group, Inc.				
	Firm/ Company				
	981 Highway 98 E., #3280				
	Address				
	Destin, FL 32541				
	City/ State and Zip Code				
bettyz	abel@gmail.com				
		sed for future annual report i	notification)		
For further information	concerning this matter, pleas	se call:			
Betty Lofquist		at (			
Name o	f Contact Person	Area Coc	le & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depar	rtment of State:		
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amendi Division Clifton	Address nent Section n of Corporations Building cecutive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Noble House Group, Inc.				
( <u>Name</u>	of Corporation as currently	y filed with the Florida Dept.	of State)	
P10000065347				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this a	Florida Profit Corporation add	opts the following a	imendment(s
A. If amending name, enter the new na	ame of the corporation:			
N/A			7	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tation "Corp," "Inc," or "(	Co". A professional corporat	rated" or the abb	he new reviation ntain the
B. Enter new principal office address,	if annlicable:	N/A		
(Principal office address MUST BE A S			-	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		N/A	2	2019 SEP +3 F
D. If amending the registered agent an new registered agent and/or the new	id/or registered office addr w registered office address:	ess in Florida, enter the name	e of the	<u> </u>
Name of New Registered Agent	Betty Lofquist			
	981 Highway 98 E., #3280			
	(Florida stre	ret address)		
New Registered Office Address;	Destin		32541 Florida	
		City)	(Zip Coo	te)

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Kim Lotquist	981 Highway 98 E., #3280
Add			Destin, FL 32541
X Remove			
2) Change	D	Betty Lofquist	981 Highway 98 E., #3280
Add			Destin, FL 32541
Remove			
3 ) Change			H#F/
Add			
Remove			<del></del>
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<del>-</del>	
Add			
Remove			

- (Attac I/A	additional sheets, if necessary). (Be specific)
/A	
<del></del>	
	· · · · · · · · · · · · · · · · · · ·
<del>-</del>	
H an prov	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
	if not applicable, indicate N/A)
/A	

	09/01/2019	
The date of each amendment(s) ad date this document was signed.	option:	, if other than the
09/0	1/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	
	tho more than 90 days after amenament file	e date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory fifing requir partment of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the ficient for approval.	ne amendment(s)
	roved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and	shareholder
Dated ${\cal S}$	-27-19	
(By a di selected	Belly hafguest rector, president or other officers if directors or officers, by an incorporator – if in the hands of a receiver, trusted and fiduciary by that fiduciary)	have not been e. or other court
-	BETTY LOFQUIST (Typed or printed name of person signing)	
	OWNER /DIRECTOR	
-	(Title of person signing)	