P100000 65347

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COVERLETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Noble House Grou	ip, Inc.	<u> </u>
DOCUMENT NUM	IBER: P10000065347		
	s of Amendment and fee are su	abmitted for filing.	
Please return all corr	espondence concerning this ma	atter 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	
betis	zabel@gmail.com		
		sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	
Betty Lofquist		at (543-8162
Name	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
☐ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Noble House Group, Inc.		
(Name of Corporation	as currently filed with the Florida De	ept. of State)
P10000065347		
(Documer	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	tatutes, this Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corp	ooration:	
N/A		The new
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional corporation	I" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR.	ESS)	
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u></u> <u> </u>
		<u>्र</u>
		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		
Name of New Registered Agent N/A		
game ty from Registered rigem		
	(Florida street address)	
	., , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	(Civ)	, Florida(Zip Code)
	,	,
New Registered Agent's Signature, if changing Regist	ered Agent:	
I hereby accept the appointment as registered agent. I a	m familiar with and accept the obligation	ons of the position.
Signatu	re 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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	D	Betty Lofquist	981 Highway 98 E., #3280
Add			Destin, FL 32541
Remove 2) Change	D	Kim Lofquist	981 Highway 98 E., #3280
X Add			Destin, FL 32541
Remove (3.) Change			
Add			<u> </u>
Remove 4) Change			
Add			
Remove			
5) Change Add			
Remove			
6) Change		_	
Add			
Remove			

<mark>lf amending or</mark> Attach <i>addition</i> e	adding additional A il sheets, if necessary	rticles, enter chang). (Be specific)	e(s) here:			
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	.					
						
			-			
						
				 		
_						
		···				
						
<u>f an amendme</u>	nt provides for an ex	cchange, reclassific:	ation, or cancella	tion of issued sha	res,	
tituat anni	implementing the ail licable, indicate N/A)	nendment if not co	ntained in the an	nendment itself:		
(1) 1101 (44)1 (attore, marcine 1971)					
· ————————————————————————————————————						
		<u>-</u>				- -
						
						
						

	02/01/2020	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	/01/2020	
Effective date if applicable:	, J. 00 L. C. L. M. L.	_ _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this de Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	(s)
	pproved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) is/are being	filed pursuant to s. 607.0120 (11) (e), F.S.	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder acti	ion and shareholder
01/07/201	20	
Dated		
Signature	in the	
(छिप्रेन	director, president or other other - if directors or officers have not been	
selec	ed, by an incorporator fif in the hands of a receiver, trustee, or other cou	rt
арро	nted fiduciary by that fiduciary)	
	Kim Lofquist	
	(Typed or printed name of person signing)	
	Owner / Director	
	(Title of person signing)	