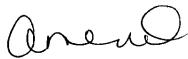
## P110000098152

(R	equestor's Name)	
. (A	ddress)	
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AntiGravity NTF-Inc	·
DOCUMENT NUMBER: P11000098152	
The enclosed Articles of Amendment and fee are subr	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Daniel Stover Nam	ne of Contact Person
AntiGravity NTF	F' 10
	Firm/ Company
1007 Celebration Ave #101	Address
	Addiess
Celebration, FL 34747. City	/ State and Zip Code
daniel@anti-gravity.com E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	call:
Daniel Stover	at (321 ) 402-9142
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	syable to the Florida Department of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

AntiGravity NTF Inc.	11 MUA 1:8 LU A: A 8
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
	SECRETARY OF STATE
P11000098152	TALLAHASSEE, FLORIDA
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the amendment(s) to its Articles of Incorporation:	is Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "corporabbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," name must contain the word "chartered," "professional association,"	"Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent:	**************************************
(Florida stree	et address)
	·
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Registered As	gent, if changing

## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	icci.)	<u>Name</u>		Address
1)preside		Daniel Stover		1007 celebration Ave #101 Celebration, FL 34747
2)vice pr		Heather Dodt	·	1007 Celebration Ave #101 Celebration, Fl 34747
3)				
4)				
5)				
6)				
<u>If REMOVI</u>	NG an offic	er and/or director, please list th	e title(s) and	d name of the officer/director to be removed:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>
1)			4)	
2)			5)	
3)			6)	

E. If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)
	1

provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
	·····
	<del> </del>
The date of each amendment(s) adoption:	
The date of each amendment(s) adoption.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment	4 ( a \
by the shareholders was/were sufficient for approval.	nu(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. <i>The following state</i>	ement
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 shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated // / 18/11	
Signature Consult Of Well	
(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 co	n ourt
appointed fiduciary by that fiduciary)	
Daniel Stover	
(Typed or printed name of person signing)	
· , - · · · , - · · · · · · · · · · · ·	
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