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C. CARROTHERS

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COVER LETTER

Division of Corporations
NAME OF CORPORATION: Gard H Investment Group, Inc.
DOCUMENT NUMBER: 7 12 0000 37730
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cichard Dodd
G and H Investment Group Inc.
Firm/ Company 40 Garage Avenue Address
City/ State and Zip Code Address F 1 32401
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
7.chard -dd at 850 215-5540
Name 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Street Address

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

Articles of Amendment

Articles of Incorp	oration			
(- 1 U - T)	L. 1 /	-7-		
(Name of Corporation as currently file	ed with the Florida Dent of State	<u>, 4,0,</u>	<u>-</u>	
12 0000 3				
(Document Number of Co				
(Document Number of Col	rpotation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the follo	wing amen	dment(s	s) to
A. If amending name, enter the new name of the corporation:				
NWF Living	Inc	The	now	
name must be distinguishable and contain the word "corporation,	"company," or "incorporated" or the			
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.		ust contain	the	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			-	
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		75 ca	2	
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D. 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			90	
		127		
(Florida street a	ddress)			
New Registered Office Address:	Florida			
(Ciŋ	v) a	Zip Code)		
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	on.		
Signature of New Regis	stered Agent, if changing			
5 , 6				

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address .
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		-	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
1011010				
6) Change				
Add				
Remove				

ttach <i>additio</i>	adding additional Articles, en al sheets, if necessary). (Be s	pecific)		
				
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·			Ilatian afiaanad	oh oo
rovisions fo	ent provides for an exchange, implementing the amendmen	t if not contained in	the amendment itsel	E
(if not ap	olicable, indicate N/A)			
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· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			

	other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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"	
(voling group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/29/2016	
Signature	
(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 court appointed fiduciary by that fiduciary)	
Clichard M. Dodd	
(Typed or printed name of person signing)	_
President	
(Title of person signing)	—