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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: The Chef's	Galley Internation	onal, Inc.	
DOCUMENT NUM	BER: P1300004000	1		
	of Amendment and fee are sul			
Please return all corre	spondence concerning this mat	ter to the following:		
	Krista Kersey			
		Name of Contact Persor	1	
	Nova Strategic Ad	dvisors		
	Tiora Gualogio 7 l	Firm/ Company		
	1600 SE 15th Str	• •		
	1000 02 1011 01	Address		
	Ft Lauderdale, FL			
		City/ State and Zip Code	2	
lamia	stalia (O) iahaa aan	_		
Kris	staker@yahoo.con	11 ed for future annual report	notification)	
	E-maii address: (10 be us	ed for future annual report	nouncation)	
For further information	n concerning this matter, pleas	e call:		
Krista Kerse	У	_{at (} 954	_{_)} 610-2522	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			Address	
	endment Section	Amendment Section		
	ision of Corporations	Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	s currently filed with the Fl	orida Dept. of State)	·	_
P13000040001				
(Docume)	nt Number of Corporation (if	known)		_
Pursuant to the provisions of section 607. Its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation ad	opts the following	ng amendment(
A. If amending name, enter the new na	ame of the corporation:			
Nova Strategic Advisors,	, Inc.			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc." or "C	Co". A professional corpora	rated" or the a tion name must	abbreviation
		N/A		
3. <u>Enter new principal office address,</u> Principal office address <u>MUST BE A S</u>				<u></u>
				_
				_
Enter new mailing address, if apple (Mailing address MAY BE A POST		N/A		
<u></u>				_
				-
				_
). If amending the registered agent ar			e of the	
new registered agent and/or the new	 :			
Name of New Registered Agent	N/A			
	(Florida stre	et address)		
New Registered Office Address:	N/A			
	(City)		(Zip Code)	_
J D	handa Budahad Austri			
lew Registered Agent's Signature, if c hereby accept the appointment as regist		ith and accept the obligations	of the position.	
			eval	
Si	gnature of New Registered A	gent, if changing	SECR	20 M AI
			25 ET	

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	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>	Address
1) Change		N/A	
Add			·
Remove			
2) Change			
Add			<u> </u>
Remove			
3) Change		_	
Add			
Remove			
4) Change		·	
Add			
Remove	•		
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here:</u> (Attach additional sheets, if necessary). (Be specific)				
N/A	(be specific)			
·····		··		
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	,			
			<u> </u>	
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			·	
F. If an amendment provides for an exch	nanga raclassification	or concellation of i	ernad shares	
provisions for implementing the ame	ndment if not contain	ed in the amendmen	t itself:	
(if not applicable, indicate N/A) N/A				
, , , , , , , , , , , , , , , , , , , ,				
		<u> </u>	<u> </u>	

The date of each amendment(s) adoption: N/A	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : N/A	
(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(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	
by" (voting 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 4/28/2014 / /	
Signature // / Wysi	
(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)	
Krista Kersey	
(Typed or printed name of person signing)	
President and Secretary	
(Title of person signing)	