

| (Requestor's Name) (Address) | 000334 |
|---|-----------|
| (Address) | |
| (City/State/Zip/Phone #) | 09/30/190 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| NAME OF CORPORATION: NEVA Consultants Incorporated | | | |
| DOCUMENT NUMBER: P 13000093639 | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Mike Samilian Name of Contact Person | | | |
| Name of Contact Person | | | |
| Nova Consultants Incorporated | | | |
| 118 Daniel PARK Circle | | | |
| 110 Daniel PARK Lircle | | | |
| Ponte Vedra FL 32081 | | | |
| | | | |
| m Samilian @ Hotmail. Com | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| | | | |
| For further information concerning this matter, please call: | | | |
| Mike Samilian au 813, 220 6816 | | | |
| 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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee & 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



October 16, 2019

MIKE SAMILIAN 118 DANIEL PARK CIRCLE PONTE VEDRA, FL 32081

SUBJECT: NOVA CONSULANTS INCORPORATED

Ref. Number: P13000093639

We have received your document for NOVA CONSULANTS INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 419A00021368

Irene Albritton Regulatory Specialist II

www.sunbiz.org

Articles of Amendment

to

Articles of Incorporation of

| Nova Consi | Llants oration as currently | ncorpora | ted | |
|--|--|---|---------------------------------------|-------------------------|
| (Name of Corpo | ration as currently | filed with the Flori | da Dept. of State) | |
| D 13000 | 093639 | | | |
| | ocument Number of C | Corporation (if know | n) | |
| Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation: | orida Statutes, this <i>FI</i> | lorida Profit Corpoi | ration adopts the fo | llowing amendment(s) to |
| A. If amending name, enter the new name of the | ne corporation: | | | |
| Nova Consultants | 112000 | roted | | The new |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association." or | word "corporation, "orp," "Inc," or "Co | " "company," or ' o". A projessional | 'incorporated' or corporation name | the abbreviation |
| B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u> . | | W | A | |
| | | | / | |
| C. Enter new mailing address, if applicable: | | | | |
| (Mailing address <u>MAY BE A POST OFFICE</u> | 'BOX' | | | |
| | | | | |
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| D. If amending the registered agent and/or reg new registered agent and/or the new register | | ss in Florida, enter | the name of the | ζ. |
| Name of New Registered Agent | | | | |
| | | | | |
| | (Florida stree | ı address) | | |
| Vina Province of Office Adheres | | } | , Florida | |
| New Registered Office Address: | ((| 'itya | , 1 101103 | (Zip Coder |
| | | | | |
| | | | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered age | Registered Agent: | th and accept the ob | digations of the nos | sition |
| Thereby decept the appointment at registered age | , , , , , , , , , , , , , , , , , , , | m und decep inc oo | ngon of the fam. | |
| | | | | |
| | | | | |
| | Signature of New Reg | gistered Agent, if che | anging | |

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 | <u>V</u> | Mike Jones | | | |
| X Add | <u>sv</u> | Sally Smith | ,) , | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | N/ hz | <u>Addres</u> s | |
| 1) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 3) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | |
| Add | | | į | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |

| Attach additional sheets, if | ditional Articles, enter change(s) here: necessary). (Be specific) | |
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| f an amendment provides | for an exchange, reclassification, or cancellation of issued shares, ing the amendment if not contained in the amendment itself: | |
| (if not applicable, indi | icate N/A) | |
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| The date of each amendment(s) adopt | tion: | , if other than |
|--|---|--|
| date this document was signed. | 0 1 | 0 |
| Effective date if applicable: | | <u>1</u> |
| | (no more than 90) days after amendment j | ile date) |
| Note: If the date inserted in this block document's effective date on the Depart | k does not meet the applicable statutory filing requirement of State's records. | airements, this date will not be listed as |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders was/were suffici | d by the shareholders. The number of votes east for ient for approval. | the amendment(s) |
| | ed by the shareholders through voting groups. The hyoting group entitled to vote separately on the an | |
| "The number of votes east for | the amendment(s) was/were sufficient for approval | |
| by | | |
| , | (voting group) | |
| ☐ The amendment(s) was/were adopted action was not required. | d by the board of directors without shareholder action | on and shareholder |
| The amendment(s) was/were adopted action was not required. | d by the incorporators without shareholder action an | id shareholder . |
| Dated OCTO | ber 21, 2019 Luce Sair | |
| Signature | Luce Sail | |
| (By a direct selected by | tor, president or other officer – if directors or office of an incorporator – if in the hands of a receiver, trustiduciary by that fiduciary) | |
| | (Typed or printed name of person signing) | |
| · - · | (Typed or printed name of person signing) | / |
| | Pre Si den (Title of person signing) | t |
| | (Title of person signing) | |

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