## P14000066707

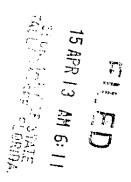
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| PICK-UP                 | WAIT               | MAIL        |
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| Certified Copies        | Certificates       | of Status   |
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| Special Instructions to | Filing Officer:    |             |
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Office Use Only



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(PRN) 4-16-15

## **COVER LETTER**

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: NON A PARADIES COUSULUS  | 21NC                   |
|---|------------------------|
| DOCUMENT NUMBER: PI400066707  |                        |
| The enclosed Articles of Amendment and fee are submitted for filing.  | ें ज                   |
| Please return all correspondence concerning this matter to the following:   | APP                    |
| THOMAS KOBE   | $\frac{2}{3}$ $\omega$ |
| Name of Contact Person  | <b>=</b>               |
| KOBE CONSULTING CORP  | <u> </u>               |
| Firm/ Company  24890 EBO CT   | -                      |
| Address   |                        |
| BONITA SPRINGS, FL 34135  City/ State and Zip Code  | <del></del>            |
| WOBESTBO GHAIL. Con E-mail address: (to be used for future annual report notification)  | _                      |
| For further information concerning this matter, please call:  |                        |
| THOMAS KOBE at (239) 258-2071  Name of Contact Person Area Code & Daytime Telephone No.   |                        |
| Name of Contact Person Area Code & Daytime Telephone N  | umber                  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |                        |
| \$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)                   |                        |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |                        |

Tallahassee, FL 32301

## **Articles of Amendment**

| to Articles of Incorporation   | 26           | <u>ਹੀ</u><br>=== |                   |
|--|--------------|------------------|-------------------|
| of   | and the same | PR               | i saeste<br>E i j |
| LOVA PARADIES COUSULTWG INC  | *******      | _<br>_           | g speak?<br>Si    |
| (Name of Corporation as currently filed with the Florida Dept. of State) | **           |                  | 1-1               |
| <del>4</del> 14000066707   | 70<br>67     | _ <u>o</u> ;     | The same of       |
| (Document Number of Corporation (if known)                               |              | ā <u> </u>       |                   |

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

| MOVA PARADIS  me must be distinguishable and contain  Corp., "Inc.," or Co.," or the designation  ord "chartered," "professional association | the word "corporation," "compon "Corp," "Inc," or "Co". A pr                           | any," or "incorporated   | " or the abbreviati<br>name must contain |
|--|--|--------------------------|--|
|  |  |                          |  |
| . Enter new principal office address, if a<br>Principal office address <u>MUST BE A STRI</u>   |  |                          |  |
|  | <del></del>  |                          |  |
|  | <del></del>  | ATT 11                   |  |
| Enter new mailing address, if applicab   |  |                          |  |
| Mailing addross MAY KE A PHNI HE   | TCL BOX  |                          | <del></del>                              |
| (Mailing address <u>MAY BE A POST OF</u>   | •  |                          |  |
| (Mailing address <u>MAY BE A POST OF )</u>   |  |                          |  |
| (Mailing address <u>MAY BE A POST OF )</u>   |  |                          |  |
| . If amending the registered agent and/o   | r registered office address in Flor  | ida, enter the name of t | the                                      |
| . If amending the registered agent and/o<br>new registered agent and/or the new re   | r registered office address in Flor  | ida, enter the name of t | the                                      |
| . If amending the registered agent and/o   | r registered office address in Flor  | ida, enter the name of t | t <u>he</u>                              |
| . If amending the registered agent and/o<br>new registered agent and/or the new re   | r registered office address in Flor  | ida, enter the name of t | t <u>he</u>                              |
| . If amending the registered agent and/o<br>new registered agent and/or the new re   | r registered office address in Flor<br>gistered office address:                        | , Florida_               |  |
| . If amending the registered agent and/o<br>new registered agent and/or the new re<br>Name of New Registered Agent                           | r registered office address in Flor<br>gistered office address:                        | , Florida_               | the                                      |
| . If amending the registered agent and/o<br>new registered agent and/or the new re<br>Name of New Registered Agent                           | r registered office address in Floregistered office address:  (Florida street address) | , Florida_               |  |

## 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:<br>X Change          | <u>PT</u>    | John Doe    |                 |
|-------------------------------|--------------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                 |
| <u>X</u> Add                  | <u>sv</u>    | Sally Smith |                 |
|                               |              |             |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 2) Change                     |              |             | *****           |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 3) Change                     |              | _           |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 4) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
|                               |              |             |                 |
| 5) Change                     |              | _           |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 6) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

| If amending or adding additional Arti    | icles, enter change(s) here:                               |
|--|--|
| Attach additional sheets, if necessary). | (Be specific)  |
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| f an amendment provides for an exch      | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame      | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)        |  |
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| date this document was signed.                                | doption:   | , if other than th |
|---|--|--------------------|
| Effective date <u>if applicable</u> :                         |  |                    |
|   | (no more than 90 days after amendment file date)   | <del></del>        |
| Adoption of Amendment(s)                                      | ( <u>CHECK ONE</u> )   |                    |
| The amendment(s) was/were ado by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.  |                    |
|   | proved by the shareholders through voting groups. The following statement 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 ado action was not required.        | pted by the board of directors without shareholder action and shareholder  |                    |
| The amendment(s) was/were ado action was not required.        | pted by the incorporators without shareholder action and shareholder   |                    |
| Dated_ <i>0410</i>  | 0612015  |                    |
| Signature   | //2 2  |                    |
|   | rector president or other officer – if directors or officers have not been   |                    |
|   | d, by an incorporator – if in the hands of a receiver, trustee, or other court   |                    |
| appoint   | ed fiduciary by that fiduciary)  |                    |
|   | THOMAS KOBE  |                    |
|   | (Typed or printed name of person signing)  |                    |
|   | INCORPORATOR   | _                  |
|   | (Title of person signing)  |                    |