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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: NOVAC ENTERPRISES DOCUMENT NUMBER: P1000018460 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kenrick Seraphine Name of Contact Person Firm/ Company 4826 Nw 1st Street Address Plantation FL 33317 City/ State and Zip Code Rickseraphine@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 286-377 4317 Kenrick Seraphine Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

NOVAC ENTERPRISES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

nt(s) to

P1 5 000018460			
(Document Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the	following ame	endmen
A. If amending name, enter the new name of the corporation;			
NOVAC GROUP INC		The	new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A professional corporation nai	or the abbrev	iation
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 <u>MAY BE A POST OFFICE BOX</u>)			
			
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the	5 APR	
new registered agent and/or the new registered office address:	•	第17 ガ ガ ガ	77
Name of New Registered Agent) 	
		FIG. PR	
(Florida street	address)		
New Registered Office Address:	, Florida	会 带 32	
(City)	(Zip	Code)	
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the p	osition.	
Signature of New Registered Ago	ent, if changing		

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 <math>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>.</u> РТ	John Doe	
X Remove	<u>V</u>	Mike Jones	
	<u>sv</u>	Sally Smith	
Type of Action (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		<u> </u>	
Add			
Remove			
6) Change			·
Add			

Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)	<u></u>		
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f an amendment provides for an exch	nange, reclassification	, or cancellation o	f issued shares,	
i an amenument provides for all excl		ed in the amendm	ent itself:	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contair			
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The date of each amend	ment(s) adoption: 04/07/2015	, if other than the
date this document was si		
Effective date <u>if applica</u>	ble: 04/07/2015	
	(no more than 90 days after amendment file date)	_
Adoption of Amendmen	t(s) (<u>CHECK ONE</u>)	
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) ras/were sufficient for approval.	
	ss/were approved by the shareholders through voting groups. The following statement ovided 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	Kenrick Seraphine "	
,	(voting group)	
action was not require	s/were adopted by the incorporators without shareholder action and shareholder	
Dated_	04/07/2015	
Signati	are .	
Ü	(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)	
	Kenrick Seraphine	
	(Typed or printed name of person signing) Owner / Pres.	
	(Title of percon signing)	