

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

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NEBULA CORP.

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VITO TUOZZOLO

Name of Contact Person

T&B CONSULTING

Firm/ Company 1650 SAND LAKE RD, STE 233

ORLANDO, FL 32809

Address

City/ State and Zip Code

INFO@TBHG.BIZ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VITO TUOZZOLO	-407	988-3362
	_ at ()
Name of Contact Person	Area C	ode & 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 (Additional copy is enclosed) S35 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

is enclosed)

Articles of Amendment
to
Articles of Incorporation
of

FILED

2018 NOV 29 PM 2: 35

NEBULA CORP

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(Name of Corporation as currently filed with the Florida-Dept) of State) TATE HULAMASSEE, FL

P15000022338

(Document Number of Corporation (if known)

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

A. If amending name, enter the new name of the corporation:

	I he nev
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc. word "chartered," "professional association." or the abbrevi	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
	7127 S ORANGE AVE
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>) ORLANDO, FL 32809
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST_OFFICE BOX</u>)	7127 S ORANGE AVE
	ORLANDO, FL 32809
D. If amending the registered agent and/or registered offi new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:
Name of New Registered Agent	
(F1	orida street address)
New Registered Office Address:	, Florida (Circ) (Zip Code)
	(City) (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.

Signature of New Registered Agent, 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 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:

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Example: X_Change	<u> </u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP. D	FABIO SIMOES	9136 MANASSAS RIDGE
X Add			MCKINNEY, TX 75071
Remove			<u> </u>
	VP, D	JOSE M. DO NASCIMENTO	5800 NATURE VIEW DR
2) Change X	_		APT 108
Add			WINDERMERE, FL 34786
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u> </u>
5) Change			
Add			_ _
Remove			
6) Change			
Add			
Remove			<u> </u>

E.	If amending or adding additional Artic	cles, enter change(s) here:
	(Attach additional sheets, if necessary).	(Be specific)

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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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	NOVEMBER 20, 2018	
The date of each amendment(s) adoption	on:	, if other than the
date this document was signed. NOVEM	BER 20, 2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date when the state's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	ne amendment(s) was/were sufficient for approval	
by	(voting group)	
····	(voting group)	
The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required. NOVEMBER 2	by the incorporators without shareholder action and shareholder	
Signature	tall	
(By a direct	pr, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court	
	duciary by that fiduciary) THEUS PINHEIRO AZARO	
MA		
	(Typed or printed name of person signing)	
PRI	SIDENT / DIRECTOR	

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(Title of person signing)