# P15000073087

	(Requestor's Name)	_
	(Address)	_
	(Address)	
	(City/State/Zip/Phone	e #)
PICK-UF	P WAIT	MAIL
	(Business Entity Nan	ne)
	(Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions	to Filing Officer:	

Office Use Only



300340598053

02/18/20--01022--024 \*\*35.00

2079 FFP 18 4M 9: 50

C. GOLDEN MAR 1 1 2020

### **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: NOFIN INC. DOCUMENT NUMBER: P15000073087 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIE B. CODE, ESQ. Name of Contact Person MARIE B. CODE, ESQ., P.L. Firm/ Company 1308 SW 27TH TERRACE Address CAPE CORAL, FLORIDA 33914 City/ State and Zip Code MARIE@MARIEESQUIRE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 829-0063
Area Code & Daytime Telephone Number MARIE B. CODE 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 Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed)

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation



10	г.	<b>x</b> 1	T \$ 1.03	
NU	r	N	INC.	

2028 FF 18 AH 9: 50

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	
P15000073087			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		
	Corp," "Inc," or "Co".	"company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4109 SW 9TH PLACE	
		CAPE CORAL, FLORIDA 33914	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4109 SW 9TH PLACE	
		CAPE CORAL, FLORIDA 33914	
D. If amending the registered agent an new registered agent and/or the ne			
Name of New Registered Agent	CHARLINE VANDERBRUGGHEN		
Name of New Registered Agent	4109 SW 9TH PLACE		
	(Florida s	treet address)	
New Registered Office Address:	CAPE CORAL	. Florida 33914	
		(City) (Zip Code)	
New Registered Agent's Signature, if of hereby accept the appointment as regis		t: with and accept the obligations of the position.	
<del></del>	Signature of New	Registered Agent, if changing	

Theck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)	Title	Name	<u>Addres</u> s	
1) Change	PRES	KOEN ROELENS	1404 DEL PRADO BLVD.	
Add			SUITE 110	
X Remove			CAPE CORAL, FL 33990	
2) Change	PRES	CHARLINE VANDERBRUGGHEN	4109 SW 9TH PLACE	
X Add			CAPE CORAL, FL 33914	
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change	· · · · · · · · ·			
Add			<del> </del>	
Remove				
f) Change			<del></del>	
Add				
Remove				

attach additional sheets, if necessary).	icles, enter change(s) her (Be specific)	<del></del>		
The state of the s	(= - <del></del>			
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		
	<del></del>		<del> </del>	
	·	<del></del>		
			. <u></u>	
			· · · · · · · · · · · · · · · · · · ·	
<del></del>				
f an amendment provides for an exc	hange, reclassification, or	r cancellation of issu	ued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	ndment if not contained	in the amendment	<u>itself:</u>	
(if not applicable, indicate N/A)				
		<del></del>		

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no mo	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	he applicable statutory filing requirements, this date will not be listed as the ecords.
Adoption of Amendment(s) (CHECK O	NE)
☐ The amendment(s) was/were adopted by the incorpo action was not required.	ators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	
"The number of votes cast for the amendment(	) was/were sufficient for approval
by	<u></u> .
(voting grou	p)
Dated <u>02 14 3020</u>	
	ther officer – if directors or officers have not been  – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that	
Chalen	2 Vanterbrugghen
	printed name of person signing)
	1
Tide	OPECT ( person signing)
(The of	coon againg)