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(Re	equestor's Name)	
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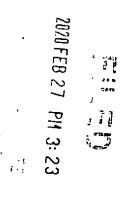


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:E LANGFORD F	ENTERPRISES INC
DOCUMENT NUMBER: P16000022865	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
EVAN R LANGFORD	
	Name of Contact Person
E LANGFORD ENTERPRIS	SES INC
	Firm/ Company
660 SAINT ANNE SHRINE	RD
	Address
LAKE WALES, FL 33898	
	City/ State and Zip Code
info@naturalairenergy.com	
E-mail address: (to be u.	sed for future annual report notification)
For further information concerning this matter, plea	se call:
DAVID C. ULLMAN, EA	863 294-5462
Name of Contact Person	at (863) 294-5462 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	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certificate of Status 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

E LANGFORD ENTERPRISES INC

Check if applicable

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

(<u>Name</u> e	of Corporation as currently	filed with the Florida	a Dept. of State)	
6000022865				
	(Document Number of	Corporation (if known	1)	•
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this a	Florida Profit Corpora	tion adopts the followin	g amendment(s)
If amending name, enter the new n	ame of the corporation:			
				The new
me must be distinguishable and contain ic.," or Co.," or the designation "C hartered," "professional association,"	Corp," "Inc," or "Co". A	professional corporat	rated" or the abbreviation tion name must contain	n "Corp.," n the word
Enter new principal office address,				
incipal office address <u>MUST BE A S</u>	TREET ADDRESS)			
				702
				<u> </u>
Enter new mailing address, if appl	icable:			8
(Mailing address MAY BE A POST	OFFICE BOX)			
				~
		-		ِ ب ب
If amending the registered agent ar			he name of the	; 'c
new registered agent and/or the new		:		
Name of New Registered Agent	EVAN R LANGFORD		-,-	
	660 SAINT ANNE SHRIN	E RD		
	(Florida stro	et address)		_
New Registered Office Address:	LAKE WALES		, Florida	
New Registered Office Mattress.		(City)	, Florida(Zip (Code)
			,	
w Registered Agent's Signature, if c				
reby accept the appointment as regist	ered agent. – Lam familiar w	rith and accept the oblig	gations of the position,	
	<u> </u>			
5	\sim	3		
	- Community of Many D	egistered Agent, if chan		-

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	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	ь	EVAN R LANGFORD	660 SAINT ANNE SHRINE RD
Add			LAKE WALES, FL 33898
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			·····
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	- -		
Add			
Remove			**

Fan 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)	ovisions for implementing the amendment if not contained in the amendment itself:	attach additional sheets, if nec	ressary). (Be specific)			
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FEBRUARY 24, 2020 The date of each amendment(s) adoption: , if other than the date this document was signed. FEBRUARY 24, 2020 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) ☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement* must be separately provided 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 (voting group) 2-24-2020 Signature (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) EVAN R LANGFORD (Typed or printed name of person signing) PRESIDENT

(Title of person signing)