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C. GOLDEN NOV 0 9 2017;

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SNOVA INC				
DOCUMENT NUMB					
	of Amendment and fee are su	ibmitted for filing.			
Please return all corres	pondence concerning this ma	itter to the following:			
	COURTNEY PARK				
	Name of Contact Person				
-		Firm/ Company			
	4313 S HUBERT AVE				
	Address TAMPA FL 33611				
		City/ State and Zip Cod	e		
HWA	SARANG@HOTMAIL.CO	М			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
COURTNEY PARK		at (<u></u> 813	846-7166 _) de & Daytime Telephone Number		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles.of Amendment to Articles of Incorporation of

FILED

SNOVA INC

2017 NOV -8 PH 2: 50

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P170000\$8038	William and Think In
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	Floridu Profit Corporation adopts the following amendment(s)
 If amending name, enter the new name of the corporation: 	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or vord "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 add	
new registered agent and/or the new registered office addres	<u>s:</u>
Name of New Registered Agent	
tFlorida si	(reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Office Address:	
New Registered Agent's Signature, if changing Registered Agen	f•
hereby accept the appointment as registered agent. I am familiar	
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:		lly Smith, SU as an Add.		
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
$X \wedge Add$	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	Address	
1) Change	P	MI RAN PARK	4313 S HUBERT AVE	
X Add			TAMPA, FL33611	
Remove				
2) L Change	-			
Add			43	
Remove			4,3	
3) Change			_	
Add				
Remove				
4)Change				
Add				
Remove		·		
Thange	_	_		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
Remove				
Change				
Add				
Remove				
	J	Page 2 of 4		
\		rage z ur 4		

F. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
NIA
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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) A 1 / K
/ - / -

771 - 1 A - 2 F - 2 H - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	06 NOVEMBER, 2017	, if other than the
The date of each amendment(s) date this document was signed.	adoption:	, ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file o	date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirer Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	idopted by the shareholders. The number of votes cast for the sufficient for approval.	: amendment(s)
	approved by the shareholders through voting groups. The following from each voting group entitled to vote separately on the amend	
"The number of votes co	ist for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and sl	hareholder
06 NOV	EMBER, 2017	
Dated		
Signature	min //	
	director, president or other officer – if directors or officers h	ave not been
	eted, by an incorporator - if in the hands of a receiver, trustee,	, or other court
арро	ointed fiduciary by that fiduciary)	
	MI RAN PARK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	