## P1700094303

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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2018 J.W. - 9 F.W. 1: 26

C. GOLDEN JAN 1 0 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: NATIONAL COA	CHINC	
DOCUMENT NUMI	BER: P17000096303		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ALEJANDRO GONZALEZ		
		Name of Contact Person	1
	NATIONAL COACH INC		
		Firm/ Company	<u> </u>
	2418 COLTON DR		
		Address	
	ORLANDO, FL 32822		
		City/ State and Zip Code	2
natio	nalcoach@yahoo.com		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas CALEZ		415-8649
Name of Contact Person		at ( Area Co	de & Daytime Telephone Number
	or the following amount made		
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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment

## Articles of Incorporation

NATIONAL COACH INC

of

2010 Jan - 9 FM 1: 26

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P17000096303	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation: N/A	77
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	
	treet address)
New Registered Office Address:	. Florida
New Negativea Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I 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.

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)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Alejandro Quinones	2418 COLTON DR
Add			ORLANDO, FL 32822
X Remove			
2) Change			
Add			
Remove			
3 ) Change		_	
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change		_	
Add			·
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

E. If amending or addi (Attach additional she	ing additional Artic	les, enter chang	ge(s) here:			
N/A	een, y necessary.	the specific				
- NA				···-		
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F. If an amendment pr	ovides for an excha	inge, reclassific	ation, or cance	llation of issued	shares,	
<u>provisions for impl</u> (if not applicab	lementing the amen le, indicate N/A)	dment it not co	ntained in the	amendment (Isel	<u>I:</u>	
N/A	,					
		- <del></del>				
			···			
					<del></del>	-

The date of each amendment(s) addate this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voting group)
	(voling group)
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 0 1 - 0	8-2018
Signature	Hart Hands
(By a <b>6</b>	frector, president or other officer - if directors or officers have not been
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
арроп	
	ALEJANDRO GONZALEZ
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)