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COVER LETTER

TO: Amendment Section

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Division of Corporations NEW HORIZON SUPPORT SERVICES INC. NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOYSON MATHEW Name of Contact Person **NEW HORIZON SUPPORT SERVICES INC.** Firm/ Company 12709 CHARITY HILL COURT Address RIVERVIEW, FL. 33569 City/ State and Zip Code NHORIZON1911@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOYSON MATHEW 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

is enclosed)

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

(Name of Corporation	as currently filed with the Florida Dept. of State)
P18000088000	
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp N/A	poration: The new
	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
P. Enter pay principal office address if applicable.	N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 220 FB
	I office address in Florida, enter the name of the fice address:
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	l office address in Florida, enter the name of the
Name of New Registered Agent N/A	
	(Florida street address)
New Registered Office Address:	, Florida
Mediates of the state of	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept the obligations of the position.
MA	
Signatu	re of New Registered Agent, if changing
Check 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:	INT	tala Dan	
X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	s 	ELIZABETH CHUMMAR	425 COUNTRY VINEYARD DR
Add			VALRICO, FL. 33594
X Remove			
2) Change	ST	ABRAHAM THOMAS	2754 VALENCIA GROVE DR
X Add			VALRICO, FL. 33596
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			EPARA AND
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) N/A				
				
F. <u>Ifan a</u>	mendment provides for an exchange, reclassification, or cancellation of issued shares,			
provi	sions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)			
N/A	j noi applicable, maicale (1/A)			

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T	N/A	ic also also also
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	2/07/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, to Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amend sufficient for approval.	ment(s)
"The number of votes ca	approved by the shareholders through voting groups. The following so for each voting group entitled to vote separately on the amendment(s) ast for the amendment(s) was/were sufficient for approval	
by N/A	(voting group)	
02/07 <i>1</i> 2	, 00 %	
Dated Signature S	Toyson Mathew	
(By a selec	director, president or other officer – if directors or officers have not ted, by an incorporator – if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	
	JOYSON MATHEW	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	