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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	DN: <u>Novar</u> P20000	nto Technolos: 072053	es Inc.
The enclosed Articles of Am	<i>endment</i> and fee are sub	omitted for filing.	
Please return all corresponde	ence concerning this mat	ter to the following:	
	Richard J	Name of Contact Person	
	otra ol	Technobs:05	
		Firm/ Company	
	24621 1	Ranch R2 Address	· <u> </u>
	Astatola 7	1 34 70 5 City/ State and Zip Code	
		ed for future annual report	
For further information conc	eming this matter, pleas	e call:	
Richard J); <u>\\</u>	at (de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □	3843.75 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)
	nt Section of Corporations	Amend Divisio	Address ment Section n of Corporations Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED

	of	i poration	7 7 720	O#≥.
1)0,1007		0.00 To	, 2020 OCT -5 AI	M11: 48
(Name of Cou	Technology Technology	filed with the Fl	oride Best ref State)	
			TALLAHASSI	- STATE Fr. Fi
	200000 7.			= 4 + 1 ±.
	(Document Number of t	Corporation (if ki	iown)	
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this F	lorida Profit Cor	poration adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new name o	f the corporation:			
				The new
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association."	"Corp," "Inc," or "C	o". A profession	r "incorporated" or ial corporation name	the abbreviation must contain the
B. Enter new principal office address, if app	olicable:			
Principal office address MUST BE A STREE				
C. Enter new mailing address, if applicable				
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)			
				
D. If amending the registered agent and/or i	registered office addre	ss in Florida, ent	er the name of the	
new registered agent and/or the new regi		33 IL 1 101 IUA, (LI	ALL THE MAINT OF THE	
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:			Therida	
New Registered Office Address.			, Florida	(Zip Code)
				13.0 00.007
New Registered Agent's Signature, if changi	ng Dagistavad Laants			
hereby accept the appointment as registered a	ng Kegisterea Agent. 19ent. – Lam familiar wi	th and accept the	obligations of the pos	sition.
, , , , , , , , , , , , , , , , , , , ,	J			····
	Signature of New Reg	gistered 40out if		
		5.0.12.00.115.00.17	· · · · · · · · · · · · · · · · · · ·	

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	PT John	<u>ı Doe</u>	
\underline{X} Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CE0	Dorian Farmer	10310 Gopher RZ
Add Remove			Howey In The H:11s F1 34737
21 Change	<u>T</u>	Richard D:11	24621 Rarch Rd Astatula Fl 34705
Remove 3) Change Add			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

Attach additional sheets, if necessary).	(Be specific)	
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
orovisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(g approximately military states)		
		·

The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	loes not meet the applicable statutory filing requirements, and of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amend t for approval.	ment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following sorting group entitled to vote separately on the amendments	tatement F
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shar	eholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and sharehold	der
Dated 10/2/	2020	
Signature	5. 7c	
(By a director,	president or other officer - if directors or officers have not	been
	n incorporator – if in the hands of a receiver, trustee, or other	er court
appointed fide	iciary by that fiduciary)	
,	Dorian Farmer	
`	(Typed or printed name of person signing)	
	<u></u>	
	(Title of person signing)	