P22000040154

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COVER LETTER

TO: Amendment Division of C				
NAME OF COR	PORATION: Noble Vision Enterprises, Inc	_		
	JMBER: P22000040154	_		
The enclosed Arti	cles of Amendment and fee are submitted for filing.			
Please return all c	orrespondence concerning this matter to the following:			
	Sandy Macaulay			
	Name of Contact Person			
	Macaulay & Associates LLC			
	Firm/ Company			
	5321 1st Avenue South			
	Address			
	Saint Petersburg, FL 33707			
	City/ State and Zip Code			
	sandy@macaulayaccounting.com			
	E-mail address: (to be used for future annual report notification)	_		
For further inform	ation concerning this matter, please call:	• •	2022	_
Sandy Macaulay	at (727) 520 - 1980 me of Contact Person Area Code & Daytime Telephone No			,
Na	me of Contact Person Area Code & Daytime Telephone No	umber	_ <u>_</u>	
Enclosed is a chec	k for the following amount made payable to the Florida Department of State:	:	5E III 39	
S35 Filing Fe	Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	.ਜੀ (ਸ	l: 39	

Street Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

Mailing Address

P.O. Box 6327

Amendment Section

Division of Corporations

Articles of Amendment to Articles of Incorporation of

01		
Noble Vision Enterprises, Inc		
(Name of Corporation as currently	v filed with the Florida Dept. of State)	
P22000040154		
(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Floridu Profit Corporation adopts the fol	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association." or the abbreviation "P.A."	ompany," or "incorporated" or the abbro professional corporation name must c	eviation "Corp.," contain the word
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	-	
		70
C. Enter new mailing address, if applicable:		77
(Mailing address MAY BE A POST OFFICE BOX)		
		1.1
		11
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	ς. <u>Σ</u>
new registered agent and/or the new registered office address:	The same of the	, . •
Name of New Registered Agent		
(Florida stree	et address)	
New Registered Office Address:	Florida	
	, Florida City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	tale of the second	
so, weeept the appointment as registered agent. I am familiar wi	un and accept the obligations of the posi-	tion,

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 Doc	
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>	<u>Address</u>
1) X Change	S, VP	Lee Bour	4830 Paradise Way South
Add			St Petersburg, FL 33705
Remove			
2) X Change	P	Kelly Vanderlinden	4830 Paradise Way South
Add			St Petersburg, FL 33705
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets,	if necessary). (Be spe	er change(s) here:		
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	-	<u> </u>		
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f an amendment provid	es for an evchance ro	classification or oan	colletion of issued sha	
provisions for implemen	nting the amendment	if not contained in th	e amendment itself:	res,
(if not applicable, inc	dicate N/A)			
				-
				
 				
			-	 -
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The date of each amendment date this document was signed	(s) adoption:, if other than th
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in t document's effective date on the	his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
must be separately provide	e approved by the shareholders through voting groups. The following statement d 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
by	(voting group)
Wedne Dated Signature	sday, June 29th 2022
(B)	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Kelly Vanderlinden
	(Typed or printed name of person signing)
	President
	(Title of person signing)