P22000086525

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COVER LETTER ...

TO: Amendment Section Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

NAME OF CORPO	RATION: ZOVA LEASING	INC	
	IBER: P22000086525		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	NIKOLA SIMIC		
		Name of Contact Persor	1
	ZOVA LEASING INC		
		Firm/ Company	
	2909 AMBER OAK DR		
		Address	
	VALRCO FL 33594		
		City/ State and Zip Code	e
	NIKX,2018@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		
NIKOLA SIMIC		at (<u>813</u> Area Co	296-4873
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
<u>M</u> :	illing Address	Street	Address

Amendment Section

Division of Corporations

The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

ZOVA LEASHING INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P22000086525	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ZOVA LEASING INC	The new
name must be distinguishable and contain the word "corporation," "c "lnc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
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 address new registered agent and/or the new registered office address.	
Name of New Registered Agent N/A	
(Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent, I hereby accept the appointment as registered agent. I am familiar v	i with and accept the obligations of the position.

Signature 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustec; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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 Do	<u>e</u>		
X Remove	\underline{V}	Mike Jor	<u>ies</u>		
X Add	<u>sv</u>	Sally Sm	<u>uith</u>		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change					
Add					
Remove					
2) Change					<u>.</u>
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove					
6) Change					
Add		_			
Damara					

E. If am (Attac	ding or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
CORRE	ING A TYPO IN CORPORATION NAME	
-		
		_
: Ifan	endment provides for an exchange, reclassification, or cancellation of issued shares,	
Drov	ons for implementing the amendment if not contained in the amendment itself:	
	not applicable, indicate N/A)	
		
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_ .		
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The date of each amendment(s)	NOVEMBER 21.2022 adoption: , if other th
date this document was signed.	adoption, it dutel the
	OVEMBER 15.2022
Effective date <u>if applicable</u> :	(no more than 9t) days after amendment file date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were action was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes can	it for the amendment(s) was/were sufficient for approval
by	(voting group)
Dated/	1/21/2022 N. Sinic
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	NIKOLA SIMIC
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

the

the