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R. WHITE

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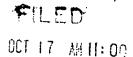
TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: NOVA 1 CORP) .	
DOCUMENT NUMBER: P9500003199		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
MICHAEL L. WOLOWI	ITZ	
	Name of Contact Persor)
MICHAEL WOLOWITZ	Z. P.A.	
	Firm/ Company	
3692 GRAND AVE		
	Address	
MIAMI, FL 33133		
111111111111111111111111111111111111111	City/ State and Zip Code	
COURTMAIL@305COUNS E-mail address: (to be us) For further information concerning this matter, pleas	ed for future annual report	notification)
MICHAEL WOLOWITZ	at (855	, 632-3906
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p		•
□ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



NOVA 1 CORP.

SECRETARY OF STATE

(Name of Corporation as currently filed with the Florida Dept. of State) ALLAHASSEE, FLORIDA P95000003199 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent 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 with and accept the obligations of the position.

address of each Office (Attach additional shee Please note the officer) P = President; V= Vio Executive Officer; CFC held. President, Treasu Changes should be not a change, Mike Jones I	er and/or Lets, if necestation title ender the end ender the ender the end ender the end end end end end end end end end en	ssary) tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds mo	: Trustee; C = Chairman or Clerk; CEO = Chief re than one title, list the first letter of each office he PST and Mike Jones is listed as the V. There is
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>Addres</u> s
1) Change	<u>VP</u>	WEISBEIN, MICHAEL MD	1234 S DIXIE HWY, #324
Add			CORAL GABLES, FL 33146
Remove			
2) Change Add Remove			

(Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>VP</u>	WEISBEIN, MICHAEL MD	1234 S DIXIE HWY, #324
Add			CORAL GABLES, FL 3314
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		·····	
Remove			
Kelliove			

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
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- 4	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
	•••
<i>1</i>	
M	
MA	

The date of each amendment(s) adoption: October 14, 2013	, if other thar
date this document was signed.	
Effective date if applicable: October 14, 2013	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated October 14, 2013	
Signature	
(By a different or other officer – if directors or officers have not been	
selected by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
RAYMOND WEISBEIN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

the