V53176

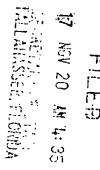
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NOV 21 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NORTHGATE LIMITED LOC
DOCUMENT NUMBER: 53176
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person NORTHGATE LIMITED / UC Firm/ Company 4549 MAGNETIC CT # 102
Name of Contact Person
NORTHGATE LIMITED /NC
Firm/ Company
4549 MARIOTI CT #102 Address 5 ARASOTA FL 3433 City/ State and Zip Code
Address
SARASOTA FL 34233
<u> </u>
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danda France 31, 941) 927-9466
Name of Contact Person at (94/) 937-9466 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) \$35 Filing Fee & \$\sum_{\\$ \$43.75 Filing Fee} & \$\sum_{\\$ \$43.75 Filing Fee} & \$\sum_{\\$ \$52.50 Filing Fee} & \$\sum_{\\$ \$52.50 Filing Fee} & \$\sum_{\\$ \$60 Certificate of Status} & \$\sum_{\\$ \$60 Certified Copy} & \$
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corne	oration as currently	filed with the Flo	rida Dept. of State)
11	•			,
NORTHGATE LI	мпев / UC ocument Number of		<u>53176</u>	
Pursuant to the provisions of section 607.1006, Flats Articles of Incorporation:		-		following amendment(s) to
A. If amending name, enter the new name of the	he corporation:			en.
name must be distinguishable and contain the "Corp" "Inc" or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "(Co". A profession	"incorporated" of all corporation num	The new r the abbreviation re must contain the
B. Enter new principal office address, if applic	cable:			
(Principal office address MUST BE A STREET.	_			
	μA	-		関する
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			F11. 20
D. If amending the registered agent and/or resonew registered agent and/or the new registered.	gistered office addr		er the name of the	1. 35 1. 35
		- 10 /1		
Name of New Registered Agent				
- 1				
	(Florida str	et adaress)		
New Registered Office Address:			, Florida	(1) (1) (1)
		(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	Registered Agent ent. I am familiar v	i A with and accept the	obligations of the p	osition.
	Signature of New R	egistered Agent, if	changing	

address of each Officer (Attach additional sheets. Please note the officer/did P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r, Directo l in the fo	irector bein ary) e by the first T = Treasu Financial Off or would be t tlowing man orporation S	g added: letter of the office rer; S= Secretary lecr. If an office TD. ler. Currently Jo ally Smith is nan	e title: v: D= Director: TR= T v/director holds more thn Doe is listed as the	/director being removed and title, name, and Frustee: C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change.
Example: X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith	<u> </u>		
Type of Action (Check One)	<u>Title</u>	<u>7</u> ;	ime		<u>Addres</u> s
1) Change	SIR		YNTHIA L.	TRAVERS	¥549 МАКИПІСТ *102 SARASOTA, FL 34233
X Add					STRASOTA, FL 34233
Remove		į			
2) Change	CEO		PANNY A.	WILLIAMS	4549 WARIOTTI CT #102 SARASOTA FL 34233
Add X					SARASOTA FL 34233
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove			!		
6) Chance					
6) Change					
Add					
Remove			11		

Page 2 of 4

If amending or adding additional Arti Attach additional sheets; if necessary).	(Be specific)	NA
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If an amendment provides for an exch	nange reclassifi	cation, or cancellation of issued shares, ontained in the amendment itself:
(if not applicable, indicate N/A)		ontained in the amendment usen:
(y 1101 uppriodott, 1111001112 1 1 1 1 1	NA	
		
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The date of each amendmen		, if other	than the
date this document was signe	d.		
Effective date <u>if applicable</u> :	11	14 17	
· ·		(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on		not meet the applicable statutory filing requirements, this date will not be lister factories.	d as the
Adoption of Amendment(s)	(<u>C</u> H	HECK ONE)	
The amendment(s) was/w by the shareholders was/v		e shareholders. The number of votes cast for the amendment(s) approval.	
☐ The amendment(s) was/w must be separately provide	ere approved by the ded for each voting	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of vot	es cast for the ame		
bv	1	."	
	(v o	oling group)	
☐ The amendment(s) was/w action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/w action was not required.	ere adopted by the	incorporators without shareholder action and shareholder	
Dated	11/14/17		
Signature	Denne	Lidle	
Į ((By a director, pres	esident or other officer – if directors or officers have not been	
		ry by that fiduciary)	
		DONNA FIDOLER	
		(Typed or printed name of person signing)	
		PRESIDENT	
	-	(Title of person signing)	