## P16000054737

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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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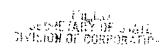
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: SOLIA INC		
DOCUMENT NUMBE	P16000054737		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
C	AROLINA MENEGHETT	I	
-		Name of Contact Perso	n
N	ETWORK FOR PRO LLC		
_		Firm/ Company	
62	220 S ORANGE BLOSSON	- •	
_		Address	
О	RLANDO, FL 32809-US		
_		City/ State and Zip Cod	e
DOCUM	MENTS@SAFETYTAX.C	OM	
	•	sed for future annual report	notification)
		-	
For further information c	oncerning this matter, pleas	se call:	
CAROLINA MENEGH	ETTI	at (	8884747
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address  Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



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SOLIA INC

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	
P16000054737			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7362 FUTURES DRIVE, SUITE 24	
		ZIP CODE 32809 ORLANDO, FL	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7362 FUTURES DRIVE, SUITE 24	
		ZIP CODE 32809 ORLANDO, FL	
D. If amending the registered agent an new registered agent and/or the new			
	LUCAS PAMPLONA	_	
Name of New Registered Agent 4450 URBANA DR APT 2		Γ 207	
		treet address)	
New Registered Office Address:	ORLANDO	, Florida 32837	
New Registered Office Address.		(City) (Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the position.	
	- c J. J. J	Registered Agent, if changing	
	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	MARLI DE SOUZA	4754 BLUE DIAMOND STREET
X Add			KISSIMMEE, FL 34746
Remove			
2) x Change	<u>v</u>	LUCAS PAMPLONA	4450 URBANA DR APT 207
Add		,	ORLANDO, FL 32837
Remove			
3 ) Change			
Add			
Remove			
4) Change		·	<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			- <u></u>
Remove			

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f an amendment provides for an exc	hange, reclassification	n, or cancellation of i	ssued shares,	
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If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification	n, or cancellation of i ned in the amendmen	ssued shares, t itself:	

	OCTOBER 3RD, 2016	* *.
The date of each amendment(s) adopt		if other than the
date this document was signed.		THE CONFIDENCE OF THE CONFIDEN
Effective date if applicable:		ORIC OCT II AMAI.
<u></u>	(no more than 90 days after amendment file da	e) 2016 OCT   1 AM 11:
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the arent for approval.	nendment(s)
	ed by the shareholders through voting groups. The follow h voting group entitled to vote separately on the amendm	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
100%	,,	
o,	(voting group)	
action was not required.	by the board of directors without shareholder action and by the incorporators without shareholder action and shareholder	
OCTOBER 3R Dated	D, 2016	
Signature	5. 1. D	
(By <del>a direc</del> t selected, by	or, president or other officer – if directors or officers have an incorporator – if in the hands of a receiver, trustee, or iduciary by that fiduciary)	e not been r other court
LU	CAS PAMPLONA	
	(Typed or printed name of person signing)	
Vio	LE PRESIDENT	
	(Title of person signing)	

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