NI50000004645

(Re	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	#)
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Marie Charge

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hard Corps, Inc. Name of Corporation
DOCUMENT NUMBER: N/500004645
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Motthew Arceboto Name of Contact Person
MSA Solutions, Ent. Corp. Firm/Company
3900 Haverhill Rd. N. P.O. Box 222576 Address
West Palm Beach, FL. 33422 City/State and Zip Code
Matthew. Arcebato@amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matthew Arrebato at (561) 767-1327 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	to Articles of Incorporation		FILED	
Hard Co.	of cas Inc	2915 AUG 2 1	PM 16 2	
(Name of Corporation as	currently filed with the Flori	da Dept. of State	UN 5 14	
N1500000		TALL AHASSI	E, FLORI	
	t Number of Corporation (if kr		-	
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For	Profit Corporation adopts the	e following	
A. If amending name, enter the new name of the co	rporation:			
MSA Solutions, Corp.			The new	
name must be distinguishable and contain the word "c "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp."	or "Inc."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	x) 3900 Hav	achill Pd N		
(maung address <u>mat be a rost of rice bo.</u>				
	<u> 7.0-80x Z</u>	?2576 each, FL. 33422		
	West talm B	each, FL. 33422		
D. If amending the registered agent and/or register new registered agent and/or the new registered		enter the name of the		
Name of New Registered Agent:	N/A			
New Registered Office Address:	(Flo	rida street address)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		the obligations of the position.		
	Signature of New Registe	ered 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 <math>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 X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith	,	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		<i>N</i>	<u>//A</u>	
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove		·		
5) Change				
Add				
Remove				
Chaman				
6) Change				
Add				
Remove				

If amending or addi attach additional she	ets, if necessary).	(Be specific)			
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"					
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The date of each amendment(s) ad late this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad was/were sufficient for approva	opted by the members and the number of votes cast for the amendme	nt(s)
There are no members or membadopted by the board of directors	ers entitled to vote on the amendment(s). The amendment(s) was/wers.	ге
Dated Aug.	19,2015 tthew arrelato	
Signature	tthey arrelato	
(By the chain have not bee	man or vice chairman of the board, president or other officer-if direct n selected, by an incorporator – if in the hands of a receiver, trustee, ppointed fiduciary by that fiduciary)	
Ma	(Typed or printed name of person signing)	_
Die	rector	
	(Title of person signing)	