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COVER LETTER

TO: Amendment Section Division of Corporations

×.,

NAME OF CORPORATION: Solamates DOCUMENT NUMBERS N 18000007366 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) (Firm/ Company) (Address) sburg (City/ State and Zip Code) 250/annual report notification

For further information concerning this matter, please call:

(Name of Contact Person) at <u>305</u> (Area Code) (Daytime Telephone Number) 14

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □ \$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 <u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

-	Articles of Amo to Articles of Incor		FIL	ED
Solarna	tes	Corr	<u> </u>	4M 14: 1
(Name of Corporation as currently filed with the	Corge	NIS	SECRETARY	OE STATE SEL DIGG
(Docume	ent Number 🗗 Cor	poration (if kno	(wn)	

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

- Powery Peof		The new
name must be distinguishable and contain the word "corpo	ration" or "incorporated" or the ab	breviation "Corp." or "Inc."
<u>"Company" or "Co." may not be used in the name</u>	-	
B. Enter new principal office address, if applicable:		Ave North #A
(Principal office address <u>MUST BE A STREET ADDRES</u>	5) St. Peters	burg FL 33701
C. Enter new mailing address, if applicable:		$n \rightarrow + + h$
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	125 12.1	Ave North #A
	St Patorsh	urg FL 33701
		ungre s= 10
		\bigvee

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:

)iseman hen Name of New Registered Agent: - Street (Florida street address) New Registered Office Address <u>3</u>70| ____. Florida 🛃_____ (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familian with and accept the obligations of the position

Signature) 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 F. 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, F as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>PT</u> <u>John I</u> V <u>Mike</u> SV_Sally:	Jones		
<u>Type of Action</u> (Check One)	Title	Name	<u>Addres</u> s	
1) <u> </u>	CEO	Tracey Wise	mon 125 12m/ St Petersbu	4ve.NE
Remove				-
2) Change Add				_
3 } Remove 3 } Change Add Remove				
4) Change Add				_
Remove			· · · · · · · · · · · · · · · · · · ·	
5) Change Add				
Remove				_
6) Change Add				
Remove				_
E. If amending or a	idding additional A	rticles, enter change(s) here:		

(attach additional sheets, if necessary). (Be specific)

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	The date of each amendment(s) adoption:
	Effective date <u>if applicable</u> :
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

□ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Ime Dated By the chairman or vice chairman of the board, president or other officer-if directors Signature

have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

(Typed or printed name of person signing) Board Vice - Cherman (Title of person signing)