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(Re	questor's Name)	
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JUL 23 2019 S. YOUNG

COVER LETTER

Division of Corporations OPTIC SOLUTIONS INC. NAME OF CORPORATION: __ D01000014128 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OPTIC SOUTIONS INC.

Firm/Company

5723 S. LA GOON DR

Address PANAMA CITY, FL 32408

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (850) 258 - 573)
Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status **□\$**43.75 Filing Fee & **□\$**52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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 of

OPTIC SOLUTIONS,	INC.		
(Name of Corporation as currer		pt. of State)	
P 010000 141			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation	adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporation:			
N/A		Th_{ν}	new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpo	porated" or the abbrevi	ation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	_N/A	ALI S	
C. Enter now well-real-less if the		Alla SS. 5	T :
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	1. J. O.R.	_8
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the na	ume of the	<u></u>
Name of New Registered Agent NAM			
(Florida s New Registered Office Address:	treet address)	_, Florida	
,	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligation	ns of the position.	
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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke_Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PT	MARTIN FRAZER	5723 S. LALOON DO
Add			PANAMA CITT, FL 32408
2) X Change	<u>V5</u>	MARK YANNA	7376 KINGMAN ST
Add			BANAMA CITY, FC 32408
3) Change			
Remove			
4) Change			
Add			
5) Change			
Add			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary),	(Be specific)			
N/A				
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an amendment provides for an excha	nge, reclassification, or c	ancellation of issu	ed shares,	
rovisions for implementing the amen	iment if not contained in	the amendment it	self:	
(if not applicable, indicate N/A)				
ARK YANNA TOO.	SPERRIED ON) ((<u>1</u>) 5	UARE TO	
			A AVENC 10	
MARTIN FRAZER.	THIS GIVES	MARTIN	FRATER	51 50
	_			-
F 100 SHARRS.			<u>_</u>	
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			 -	·

The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departr	does not meet the applicable statutory filing requirements, ment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amenent for approval.	dment(s)
The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following h voting group entitled to vote separately on the amendment	statement (s):
"The number of votes cast for the	he amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sha	reholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareho	lder
Dated	or, president or other officer – if directors or officers have no an incorporator – if in the hands of a receiver, trustee, or other	
Signature	M. Jun	 _
(By a directo	or, president or other officer – if directors or officers have no	t been
selected, by appointed fi	an incorporator – if in the hands of a receiver, trustee, or oth iduciary by that fiduciary)	er court
	MART) レデススとと (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Preside (Title of person signing)	
	(Title of person signing)	