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## **COVER LETTER**

TO: Aniendment Section
Division of Corporations

NAME OF CORPORATION:	Solutionz	: Services, Inc.		
DOCUMENT NUMBER:		00055433		
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.		
Please return all correspondence co	ncerning this ma	ster to the following:		
<del> </del>	Chicke	Fitzgerald  Name of Contact Person		
	The Co	_		
	преда	me Changer Ne	LWOLK, IBC.	
<u></u>	13153	Greengage Lane	<del>)</del>	
	_	Address		
	Tampa	a, FL 33612 City/ State and Zip Code		
· ·			•	
E-mail		Solutionz.com ed for future annual report	notification)	
	`	•	,	
For further information concerning	this matter, pleas	e call:		
Chicke Fitzgerald		ar / <b>813</b>	) 515-4881	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check for the following	ng amount made j	payable to the Florida Depa	irtment of State:	
	5 Filing Fee & Teate 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to

## FILED **Articles of Incorporation**

of

17 OCT 18 PM 3: 33

Solutionz Services,Inc.	SECRETABY OF SIMIL!
	ently filed with the Florida Dept. of State
P02000055433	
	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u> </u>
The Game Changer Network, Inc.	The new
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13153 Greengage Lane
	Tampa,FL 33612
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent N/A	
·	
(Floride	a street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili	ent: iar with and accept the obligations of the position.
Signature of Ne	w 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change	<del></del>	<del></del>	
Add	•		
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	if necessary). (Be sp				
N/A					
	<del> </del>	<del></del>			<del></del>
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			<del>.</del> .		
amendment provid	des for an exchange, r	reclassification, or	r cancellation of i	ssued shares.	
visions for impleme	enting the amendment	t if not contained	in the amendmen	t itself:	
(if not applicable, in					
NV-A-					
19/13	<del> </del>		<del> </del>	· ·	<del></del>
	- <del></del>				
					7-7-
				<u></u>	

The date of each amendment(s) adoption: 10-16-2017	, if o	other	than	the
date this document was signed.		, ,		,
Effective date if applicable: 10-16-2017  (no more than 90 days after amendment file date)	·		•	
(no more than 90 days after amendment file date)				
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	I not be	listc	d as	the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )				
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.				
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):				
"The number of votes cast for the amendment(s) was/were sufficient for approval				
by"  (voting group)				
(voting group)				
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.			_	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
Dated 10/16/2017				
Signature Chicke Fitzguald				
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
Chicke Fitzgerald				
(Typed or printed name of person signing)				
CEO and Founder				

(Title of person signing)