PD6000030487

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SECRETARY OF STATE

AUG 1 5 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Solutions Glass, in	nc	
DOCUMENT NUMBER: P06000030487		
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Joseph Lakman		
	Name of Contact Persor	1
Solutions Glass, Inc.		
	Firm/ Company	
PO Box 140761	типи сопфацу	
-	Address	
Orlando, FL 32814		
	City/ State and Zip Code	•
joe.lakman@solutionsglass.com		
, , ,	sed for future annual report	notification)
		,
For further information concerning this matter, pleas	se call:	
Joseph Lakman	at (<u>407</u>	373-7850
Name of Contact Person	Area Co) 373-7850 de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 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	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CONPORATIONS

.2016 AUG -4 AM 8: 45

Solutions Glass, Inc.			
(Name o	of Corporation as currently	y filed with the Florida Dept. of State)	
P06000030487			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	me of the corporation:		
N/A		The new	
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the	
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli	icable:	PO Par 140761	
(Mailing address MAY BE A POST		PO Box 140761	
		Orlando, FL 32814	
D. If amending the registered agent an			
new registered agent and/or the new		<u>i</u>	
Name of New Registered Agent	Javier Figueroa Roman		
	3001 Hansrob Rd		
	(Florida str	eet address)	
New Registered Office Address:	Orlando	. Florida 32804	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		(City) (Zip Code)	
New Registered Agent's Signature, if c			
1 nereoy accept the appointment as regist	ierea ageni. I am jamiliar v	with and accept the obligations of the position.	
	Den & SHR	arah	
	Signature of New R	egistered 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	Name	<u>Addres</u> s
1) Change	PS	John Meacham	3001 Hansrob Rd
Add			Orlando, FL 32804
X Remove			
2) Change	PS	Javier Figueroa Roman	3001 Hansrob Rd
X Add			Orlando, FL 32804
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
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provisions for implementing the amendment if not contained in the amendment itself:	

The date of each amendment(s) ad	option:	if other than the
date this document was signed.		SECRETARY OF STATE DIVISION OF CORPORATION:
Effective date if applicable:		9818 AHO
	(no more than 90 days after amendment file date)	2018 AUG -4 AM 8: 45
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were su:	oted by the shareholders. The number of votes cast for the amend ficient for approval.	lment(s)
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	lder
8/3/2016 Dated		
Giorgania.		
Signature	reotor-president or other officer - if directors or officers have no	t heen
	by an incorporator – if in the hands of a receiver, trustee, or oth	
appoint	ed fiduciary by that fiduciary)	
	John Meacham	
•	(Typed or printed name of person signing)	
	PS .	
-	(Title of person signing)	