766000100525

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	* //State/Zip/Phone	9 #)
	WAIT	
(Bus	siness Entity Nan	ne)
	5'	
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	





500210092415

07/20/11--01016--016 **35.00

TALLAMASSEE FLORES.

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ME OF CORPORATION: SUNTRAK SOLUTIONS INC. CUMENT NUMBER: P06000100525		
DOCUMENT NUM			
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corre	spondence concerning this	s matter to the following:	
		TH P. SCHROEDER	
	N	ame of Contact Person	
		RAK SOLUTIONS INC.	
		Firm/ Company	
	5106	BRIDLE PATH DRIVE	
		Address	
_		KELAND, FL 33810	
	C ,	ity/ State and Zip Code	
	SUNTRAKSO E-mail address: (to be use	DLUTIONS@AOL.COM If for future annual report notification)	
For further information	on concerning this matter,	nlesse cells	
	P. SCHROEDER		
	Contact Person	at (803) 603-3310 Area Code & Daytime Telephone Number	
Enclosed is a check for	•	ade payable to the Florida Department of State:	
	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building: 2661 Executive Center Circle	
		Tallahassee, FL 32301	

Articles of Amendment to **Articles of Incorporation** of

SUNTRAK SOLUTIONS INC.

•	Articles of Amendment		A. A
	to Articles of Incorporation		an the
	of		JUL 2 CA
S	UNTRAK SOLUTIONS II	NC.	ANJUL 20 AMIL: O
(Name of Corporation as cu	urrently filed with the Florida De	ept. of State)	17 8 S. J. J. O.
	P06000100525		19.72.677 ·
(Document N	Number of Corporation (if known)		THE A
rsuant to the provisions of section 607.1 endment(s) to its Articles of Incorporation		a Profit Corporation	adopts the following
If amending name, enter the new nam	e of the corporation:		
me must be distinguishable and conta			The new
incipal office address MUST BE A STR Enter new mailing address, if applica	EET ADDRESS) ble:		
rincipal office address <u>MUST BE A STR</u>	EET ADDRESS) ble:		
rincipal office address <u>MUST BE A STR</u> Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>	ble: FFICE BOX) or registered office address in Fle	orida, enter the name	e of the
incipal office address MUST BE A STR Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ble: FFICE BOX) or registered office address in Fle	orida, enter the name	e of the
Enter new mailing address, if applica (Mailing address MAY BE A POST OF If amending the registered agent and/onew registered agent and/or the new remailing and research agent.)	ble: OF registered office address in Fleegistered office address: KEITH P. SCHROEDER 5106 BRIDLE PATH DRI	VE	e of the
Enter new mailing address, if applica (Mailing address MAY BE A POST OF If amending the registered agent and/onew registered agent and/or the new regi	ble: OF registered office address in Floregistered office address: KEITH P. SCHROEDER 5106 BRIDLE PATH DRI (Florida street address)	VE ess)	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF If amending the registered agent and/new registered agent and/onew registered agent and/onew registered agent and/onew registered agent and/or the new registered Agent: New Registered Office Address:	ble: FICE BOX) or registered office address in Fleegistered office address: KEITH P. SCHROEDER 5106 BRIDLE PATH DRI' (Florida street address LAKELAND	VE ess), Florida_3	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF If amending the registered agent and/onew registered agent and/or the new remailing of New Registered Agent:	ble: OF registered office address in Floregistered office address: KEITH P. SCHROEDER 5106 BRIDLE PATH DRI (Florida street address)	VE ess)	
If amending the registered agent and/onew registered agent and/or the new registered of New Registered Agent: New Registered Office Address:	ble: FFICE BOX or registered office address in Fleegistered office address: KEITH P. SCHROEDER 5106 BRIDLE PATH DRI' (Florida street address LAKELAND (City) nging Registered Agent:	VE, Florida_3 (Zip Code)	33810

Signature of New Registered Agent, if changing

<u>Name</u>	Address	Type of Action

		— <u> </u>

		☐ Add ☐ Remove
		☐ Remove
s for implementing the amendm	ent if not contained in the am	
	· · · · · · · · · · · · · · · · · · ·	
* 4491		
		···
	ndment provides for an exchanges for implementing the amendmapplicable, indicate N/A)	ng or adding additional Articles, enter change(s) here: itional sheets if necessary). (Be specific) ndment provides for an exchange, reclassification, or cancellas for implementing the amendment if not contained in the amapplicable, indicate N/A)

The date of each amendmen	t(s) adoption: 07/15/2011
Effective date <u>if applicable</u> :	07/15/2011 (date of adoption is required)
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_07/1	5/2011
sele	director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	KEITH P. SCHROEDER
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)
	(a or karoon niBumB)