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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION:	ZIGGMAX SOLUTIONS INC	
DOCUMENT NUM	1BER:	P0700096874	
The enclosed Article	es of Amendment and fee a	submitted for filing.	
Please return all com	respondence concerning this	matter to the following:	
		OHN DEL RIO	
	И	ne of Contact Person	
ZIGGMAX SOLUTIONS INC			
Firm/ Company		Firm/ Company	
221 MALLORY COURT			
		Address	
_	WESTON, FLORIDA 33326		
_	C		
	CDELRIO@ZIG E-mail address: (to be use	MAXSOLUTIONS.COM for future annual report notification)	
For further informat	ion concerning this matter,	lease call:	
CATH	IERINE DEL RIO	at (954) 309-535	60
Name o	f Contact Person	Area Code & Daytime Telephone	Number
Enclosed is a check	for the following amount n	de payable to the Florida Department of	f State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy Cer (Additional copy is enclosed) Cer	.50 Filing Fee tificate of Status tified Copy Iditional Copy is enclosed)
Mailing Ad	dress	Street Address	
Amendment		Amendment Section	
	Corporations	Division of Corporations	
P.O. Box 63		Clifton Building	
Tallahaccee	EI 37314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

ZIGGMAX SOLUTIONS INC

Name of Corpora	tion as currently	filed with the	Florida Dept	. of State)

P070	000096874			
(Document Numb	per of Corporation (if know	wn)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fl	orida Profit Corporation add	pts the	follo
A. If amending name, enter the new name of	the corporation:			
			The	new
name must be distinguishable and contain th	ne word "corporation,"	"company," or "incorporate	ed" or	the
abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	designation "Corp," "Inc, essional association," or	," or "Co". A professional c the abbreviation "P.A."	orpora	ition
B. Enter new principal office address, if appli	icable:	TAL	<u> </u>	
(Principal office address <u>MUST BE A STREET</u>	<i>ADDRESS</i>)	A		
	-		- 	7)
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C. Enter new mailing address, if applicable:	ID 2010	بر 9	ထဲ	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BUX</u>)	<u></u>	- မ	
			_	
D. If amending the registered agent and/or re	wistared office address in	Florida enter the name of t	h a	
new registered agent and/or the new regist		i Piorida, enter the name of	TIC	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street a	ddress)		
		T1:1-		
-	(City)	, Florida (Zip Code)		
	(2.9)	(in product)		
New Registered Agent's Signature, if changing				
I hereby accept the appointment as registered ag	gent. I am familiar with a	nd accept the obligations of th	e positi	ion.
Sig	gnature 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	JOHN DEL RIO	221 MALLORY COURT WESTON, FLORIDA 33326	_ 🖸 Add _ 🔲 Remove
			
E. If amen (attach a	ding or adding additional Articles, enditional sheets, if necessary). (Be s	nter change(s) here: pecific)	
<u>provisi</u>	mendment provides for an exchange ons for implementing the amendment applicable, indicate N/A)	, reclassification, or cancellation of interesting of interesting the second menuters.	ssued shares, t itself:

The date of each amendmen	
Effective date <u>if applicable</u> :	5/1/2010 (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) were sufficient for approval.
The amendment(s) was/w must be separately provide	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/waction was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/was/was/ton was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_5/1/ Signature_ (B	y a 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)
	CATHERINE DEL RIO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)