

PD8000100604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

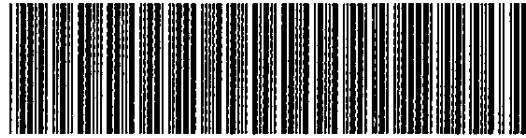
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Effective Date  
11-30-11

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FILED  
11 NOV 16 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11-17-11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2011

JAMES P. DICHITO  
SOLARIZE-IT, INC.  
6855 W. BROWARD BLVD, STE 310  
PLANTATION, FL 33317

SUBJECT: SOLARIZE-IT, INC.  
Ref. Number: P08000100604

We have received your document for SOLARIZE-IT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Correct block #4. Ana Di Chito must sign below as registered agent accepting appointment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II.

Letter Number: 711A00025264

RECEIVED

NOV 16 AM 8:26

DEPT OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SOLARIZE-IT, INC.

**DOCUMENT NUMBER:** P08000100604

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES Di CHITO

Name of Contact Person

SOLARIZE-IT, INC.

Firm/ Company

6855 W. BROWARD BLVD., SUITE 310

Address

PLANTATION/FLORIDA 33317

City/ State and Zip Code

dichitoj@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES Di CHITO

Name of Contact Person

at ( 954 ) 425-2991

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 &  
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  
Articles of Incorporation  
of

SOLARIZE-IT, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000100604

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

6855 W.BROWARD BLVD.

SUITE 310

PLANTATION, FL 33317

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

6855 W. BROWARD BLVD.

SUITE 310

PLANTATION, FL 33317

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

*effected  
11-30-11*

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.**

*(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)*

<u>Title(s)</u>	<u>Name</u>	<u>Address</u>
1) <u>PRES</u>	<u>ANA DI CHITO</u>	<u>6855 W. BROWARD BLVD.</u> <u>SUITE 310</u> <u>PLANTATION, FL. 33317</u>
2) <u>✓</u>	<u>JAMES DI CHITO</u>	<u>6855 W. BROWARD BLVD.</u> <u>SUITE 310</u> <u>PLANTATION, FL 33317</u>
3) _____	_____	_____ _____ _____
4) _____	_____	_____ _____ _____
5) _____	_____	_____ _____ _____
6) _____	_____	_____ _____ _____

**If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:**

<u>Title(s)</u>	<u>Name</u>	<u>Title(s)</u>	<u>Name</u>
1) <u>PRES</u>	<u>ANA MARIA CABRERA</u>	4) _____	_____
2) <u>PART</u>	<u>PATRICIA VALERO</u>	5) _____	_____
3) _____	_____	6) _____	_____

(attach additional sheets, if necessary). (Be specific)

(attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 10/31/2011

Effective date if applicable: 11/30/2011 (date of adoption - required)  
(no more than 90 days after amendment file date)

**Adoption of Amendment(s) (CHECK ONE)**

☐ 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)

☐ 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 11/11/2011

Signature \_\_\_\_\_

(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)

ANA DI CHITO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)