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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR		E INFORMATION 500	LUTIONS, INC
DOCUMENT NUMB	ER: T II UUU	<u> </u>	
The enclosed Articles of	f Amendment and fee are st	ubmitted for filing.	
	condence concerning this ma	-	
M	ichael Hilg	Firm/ Company	_
ニリ	to to fine	tion Solding To	
	11 10 17110170	Firm/Commons	
		Firm Company	
		Address	
	C	ity/ State and Zip Code	
el	iteinfo 20	sed for future annual report notification)	
	E-mail address: (to be u	sed for future annual report notification)	
For further information	concerning this matter, plea	se call:	
Michael	Hilgar	at (407) 466-648 Area Code & Daytime Telephon	,3
Name of	Contact Person	Area Code & Daytime Telephon	e 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	Certified Copy (Additional copy is enclosed) \$\sum_{\text{\$\frac{52.50}{\text{ Filing Fee}}}}\$ Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ng Address	Street Address	
	dment Section	Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Elite Intormation		
(Name of Corporation as currently	filed with the Florida Dep	t. of State)
P11000001701		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Fl amendment(s) to its Articles of Incorporation:	orida Statutes, this Florida	Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
The new name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
		25EC
		EC OFF
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	-2 CONTE
		PH REPORT
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address in Flor d office address:	ida, enter the name of the
Name of New Registered Agent:		
	(Florida street address)	
New Registered Office Address:		. Florida
THE RESIDENCE OF MAINTAIN AND	(City)	(Zip Code)
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.		cept the obligations of the position.
Signature of 1	New Registered Agent, if cha	nging

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 officers/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.)

1) P Michael Hilgar 509 S. Chickasaw Trai 50	Title(s)		Name	Ad	<u>ldress</u>
2) Yf Wanda De PAZ 11 A 11 3)	1)_{			5.	109 S. Chickosaw Trail
3)	2) 4 6		Wanda De PAZ		
5)	3)			_ - <u>_</u>	Λ Π
If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name NAME 1) 4) 4	4)				
If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed: Title(s) Name NA Title(s) Name 1) 4) 4	5)	•			
<u>Title(s)</u> Name N A 1) 4)	6)		· · · · · · · · · · · · · · · · · · ·		
1) 4)	If REMOVING	an officer	and/or director, please list the	title(s) and na	me of the officer/director to be removed:
	Title(s)	<u>Name</u>	NIA	Title(s)	<u>Name</u>
2)	1)		" 1"	4)	
	2)			5)	

E. If amending or adding additional Art (attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
NA	
, ·	
<u> </u>	

provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
N/A
The date of each amendment(s) adoption:
Effective date if applicable:
(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_ 11-30-11
Signature / / / / / /
(By a director, president to the 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)
Michael Hilgar (Typed or printed name of person signing)
President
(Title of person signing)