P11000059373

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. (City	//State/Zip/Phon	e #)
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SECHETARY OF STATEMS OIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2015

DOUGLAS SOLOMON SHOPZUI INC. 3216 COMFORD ROAD NEW HOPE, PA 18938

SUBJECT: SHOPZUI INC. Ref. Number: P11000059373

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 915A00026871

NECEN 16 JAN 29 M

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Douglas Solomon Name of Contact Person Firm/ Company 3216Comfort Road Address New Hope, PA 18938 City/ State and Zip Code dougsol@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Douglas Solomon Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) 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

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: ShopZui Inc			
	BER: P11000059373			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Douglas Solomon			
		Name of Contact Perso	on	
	ScratchBox Inc			
		Firm/ Company		
	3216Comfort Road	, ,		
		Address		
	NewHope,PA 18938			
		City/ State and Zip Cod	de	
dou	gsol@comcast.net			
	E-mail address: (to be us	sed for future annual repor	t notification)	
		•	,	
For further information	on concerning this matter, pleas	se call:		
Douglas Solomon		305	801-6098	
Name of Contact Person		Area Co	ode & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment 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

ON STON OF STATEMENT OF STATEME

Articles of Amendment Articles of Incorporation



ShopZui Inc

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

P11000059373

(Document Number of Corporation (if known)

nt(s) to

Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corpora $5cra+chBo$	x Solutions, INC-The new
name must he distinguishable and contain the word "co	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable:	0045 Co-refert Dd
(Mailing address MAY BE A POST OFFICE BOX)	3216 Comfort Rd
	New Hope, PA 18938
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent	
(P	lorida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	d Agent: familiar with and accept the obligations of the position.
Signature	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)

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)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	Douglas Solomon	5301 Bacara Cove
Add			Lake Mary, FL 32746
Remove			
2) X Change	D	Thomas Szoke	921 PARK SIDE POINTEBLVD
Add			APOPKA, FL 32712
Remove			
3) Change			
Add			
Remove			
4) Change	 -		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding addition tach additional sheets, if necess	sary). (Be spec	cific)	, , ,		
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				<u> </u>	
an amendment provides for a	n exchange, rec	lassification.	or cancellation	of issued shares	t .
rovisions for implementing the	<u>e amendment if</u>	not containe	l in the amend	ment itself:	4
(if not applicable, indicate N	(/A)				
					·
		·			

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	<u> </u>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	vill not be listed as th
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.	
November 20, 2015 Dated	
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)	
Douglas Solomon	
(Typed or printed name of person signing)	***************************************
President	
(Title of person signing)	