P12 00000 3691

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	TION:Solex	and Slack	Q.A.	
	R: P12 0000	-		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	atter to the following:		
_	Jo	Name of Contact Person	1	
Soler and Slack P.A Firm/ Company				
2170 Main Street STE 103 Address Sacasota FL 34237 City/State and Zip Code				
	50503	ota FL 3	4237	
	50lers1	ack PA @ C	émail com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information c	oncerning this matter, pleas	se call;		
Joseph	Soler	at (941	444-5128	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	ne following amount made	payable to the Florida Depa	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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
, and the	OUVELT IS SESTI	47131	. monioe succe, same oro	

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

	c	
•	т.	

Soler and	Slack	P.A.		
· 		tly filed with the Florida Dept. of State)		
	000 3691			
(1	Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, I its Articles of Incorporation:	Florida Statutes, this	s Florida Profit Corporation adopts the following	ıg amen	idment(s) to
A. If amending name, enter the new name of	the corporation:			
Soler & Simon	P. A.		$Th_{\mathcal{O}}$	n <i>p</i> re
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co".	A professional corporation name must contain	n "Coi in the v	rp.," word
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE)		<i>N/</i>		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>CE BOX</u>)	N/A		
D. If amending the registered agent and/or renew registered agent and/or the new registered.				
Name of New Registered Agent	N/A	<u></u>	- -	
	(Florida st	reet address)	-	
New Registered Office Address:	·	, Florida		
			Code)	_
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag			2020 MAR -9	SECRETARY DIVISION OF C
	N/A		PH 3	ED Y OF STA
	Signature of New I	Registered Agent, if changing	<u> </u>	至至

Check if applicable
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	_		
Add			
Remove			

E. <u>If amending (</u> (Attach <i>additid</i>	or adding additional Articles, enter change(s) here: onal sheets, if necessary). (Be specific)
	N/A
<i>/***</i>	
If an amendn	nent provides for an exchange, reclassification, or cancellation of issued shares,
provisions fo (if not ap	or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)
	
	N/A
	

The date of each amendment(s) ado	otion: 3/5/20	, if other than the
date this document was signed.))	
Effective date if applicable:	3/5/20	
<u>,</u>	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this bloc document's effective date on the Depa	k does not meet the applicable statutory filing r rtment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast cient for approval.	for the amendment(s)
· · · · · · · · · · · · · · · · · · ·	ved by the shareholders through voting groups. The ch voting group entitled to vote separately on the	•
"The number of votes cast for	the amendment(s) was/were sufficient for appro	val
by		··
	(voting group)	
Dated 3 5	120	
Signature		
selected, l	ctor, president or other officer – if directors or off by an incorporator – if in the hands of a receiver, fiduciary by that fiduciary)	
_	Joseph E Soler	
	(Typed or printed name of person signin	g)
	President	
_	(Title of person signing)	