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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | RATION: W+S SOLUTION | S INTERNATIONAL, INC |). | | |
|--|---|--|--|--|--|
| DOCUMENT NUMB | P12000066785 | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corre- | spondence concerning this ma | tter to the following: | | | |
| | Matt Brodis | | | | |
| | | Name of Contact Persor | 1 | | |
| | W+S SOLUTIONS INTERNATIONAL, INC. | | | | |
| | | Firm/ Company | | | |
| | PO BOX 881983 | | | | |
| | | Address | | | |
| | Port Saint Lucie, FL 34988 | 3 | | | |
| | | City/ State and Zip Code | e | | |
| | matt@ws-solutionsinc.com | 1 | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informatio | n concerning this matter, pleas | se call: | | | |
| Matt Brodis | | 772 | 631-2051 | | |
| Name (| of Contact Person | | de & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount made | payable to the Florida Depa | artment of State: | | |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 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 | | | |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

| W+S SOLUTIONS INTERNATIONAL, INC. | | |
|--|--|--|
| (Name of Corporation as currently | filed with the Florida Dept. of | State) |
| P12000066785 | | |
| (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | <i>lorida Profit Corporation</i> adopt | s the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| 1/18 | | The new |
| name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | ompany," or "incorporated" or t professional corporation name | he abbreviation "Corp.," must contain the word |
| P. Francisco principal office address if applicables | 1 / A | 78? |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 1025 AUG 171 AH 105 5 |
| | | |
| C. Enter new mailing address, if applicable: | .)[4 | 11000000000000000000000000000000000000 |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | <u></u> |
| | | |
| | | |
| D. If amending the registered agent and/or registered office addre | ess in Florida, enter the name o | of the |
| new registered agent and/or the new registered office address: | | |
| Name of New Registered Agent N A | | |
| | | |
| (F)prida stree | et address) | <u>.</u> |
| New Registered Office Address: | FI | orida |
| (0 | City) | (Zip Code) |
| | | |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent. I am familiar w | ith and accept the obligations of | the position. |
| ı | | |
| MA | | |
| Signature of New Reg | gistered Agent, if changing | |

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 Do | <u>×</u> | |
|-------------------------------|------------------|----------|--------------|----------------------------|
| X Remove | <u>v</u> | Mike Jo | o <u>nes</u> | |
| X Add | \underline{sv} | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| 1) Change | VP | | Matt Brodis | PO BOX 881983 |
| Add | | _ | | Port Saint Lucie, FL 34988 |
| X Remove | | | | |
| 2) Change | | _ | | *** |
| Add | | | | |
| Remove 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| amending or adding additional A ttach additional sheets, if necessary |). (Be specific) | | | |
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| an amendment provides for an ex | change reclassifi | sation or cancells | ation of issued sha | rec |
| provisions for implementing the ar | mendment if not co | ontained in the ar | nendment itself: | 1 (3) |
| (if not applicable, indicate N/A) | | | | |
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(-1,0,0) = (-1,0) + (-1,0) =

| 8-1-2020 | |
|--|---|
| The date of each amendment(s) adoption: date this document was signed. | if other than the |
| Effective date if applicable: 8-1-2010 (no more than 90 days after amo | |
| (no more than 90 days after ame | ridment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory for document's effective date on the Department of State's records. | iling requirements, this date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ■ The amendment(s) was/were adopted by the incorporators, or board of director action was not required. | rs without shareholder action and shareholder |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of vote by the shareholders was/were sufficient for approval. | es cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting grow must be separately provided for each voting group entitled to vote separately | |
| "The number of votes cast for the amendment(s) was/were sufficient for | approval |
| by | `` |
| (voting group) | |
| 8-1-2020 | |
| Dated | |
| Signature // M | |
| (By a director, president or other officer – if directors | or officers have not been |
| selected, by an incorporator – if in the hands of a recomposition appointed fiduciary by that fiduciary) | |
| Matt Brodis | |
| (Typed or printed name of person | signing) |
| VP | |
| (Title of person signing) | |