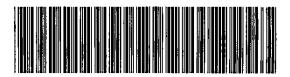
## P12000102048

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## \* COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Xyston Solutions, Inc.
DOCUMENT NUMBER: P12000102048
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Sats Name of Contact Person
Xyston Solutions, Inc. Firm/Company
1903 Alfred Blvd Address
Navarre, FL 32566 City/ State and Zip Code
Will @ X y Stonsolutions. (cm E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William Safes at (850) 226-3449  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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 of

PH. ET. SCERETARY OF STATE DIVISION OF CORPORATION

<b>Y</b> 1 -	BIVISION OF CORPORATION
Xyston So	slutions, Inc
(Name of Corporatio	on as currently filed with the Florida Dept. of State
_	00102048
(Docume	nent Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida s Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the con	rporation:
	The new
ame must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," vord "chartered," "professional association," or the d	d "corporation," "company," or "incorporated" or the abbreviation," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable:	: 1903 Alfred Blvd
Principal office address <u>MUST BE A STREET AD</u>	
	,
Enter new mailing address, if applicable:	(AZC)
(Mailing address MAY BE A POST OFFICE BOX	<u></u>
<ul> <li>If amending the registered agent and/or registered new registered agent and/or the new registered or</li> </ul>	red office address in Florida, enter the name of the office address:
•	<del></del>
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
on Desistand Assetts Signature if the sign Desi	Sederand Amendo
ew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent. I	Istered Agent: I am familiar with and accept the obligations of the position.
7 11 11	1 10-1111 - 1111 - 1111 - 1111
Signa	ature 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Coo	William Safos	2606 Hidden Estates Cir
Add			Navarre, FL 32566
Remove			
2) X Change	CIO	Melissa Kirkner	1903 Alfred Blud
Add			Navarre, FL 325706
Remove			Washington and the state of the
3) Change	CEO	Craig Walker	6632 Codell St.
_X_ Add		-	Navarre, FL 32566
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	,		
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del> </del>	
	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
William Safos	2,000,000 shares preferred sta
Melissa Kirknen	r 2000,000 shaves preferred stoc

The date of each amendment(s) adoption: September 1, 2016 date this document was signed.	, if other than the
Effective date if applicable: September 1, 2016  (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 document's effective date on the Department of State's records.	will not be listed as the
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):	1018 SEP
"The number of votes cast for the amendment(s) was/were sufficient for approval	中疆
by"  (voting group)	Ø 2000
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	M 2: 38
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
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)	<del></del>
(Typed or printed name of person signing)	
Chief Operating Officer (Title of person signing)	