P13000033205

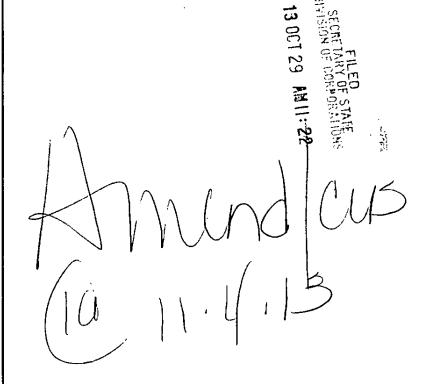
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Či	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	





300252756263

10/29/13--01005--023 **43.75



COVER LETTER

Tallahassee, FL 32314

TO: Amendment Section Division of Corpor					
NAME OF CORPORATION: SOULSPLIT IT INC.					
DOCUMENT NUMBER: P13000033205					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all corresp	ondence concerning this mat	iter to the following:			
,	WILHELMUS WII	LFRIED ALEXAI	NDER DE WITTE		
-	C/O HOWARD M	Name of Contact Person			
_	Firm/ Company				
_	16485 COLLINS A		35 		
	SUNNY ISLES BE	Address EACH, FL 33160			
-		City/ State and Zip Code			
vb.q	vitte@soulsplit.co	om			
'		ed for future annual report	notification)		
For further information	concerning this matter, pleas	e call:	,		
p.dwitte@soulsplit.com		_{at (} 786	201-9489		
Name of	Name of Contact Person Area Code & Daytime Telephone ?		de & Daytime Telephone Number		
Enclosed is a check for	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amer Divis	ing Address ndment Section ion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations Building		

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SOULSPLIT IT INC.		- /
(Name of Corporation as currently filed with	vith the Florida Dept. of State)	
P13000033205		
(Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
name must be distinguishable and contain the word "con" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc. word "chartered," "professional association," or the abbrev	orporation," "company," or "incorporated" or the abbre nc," or "Co". A professional corporation name must con	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office		
Name of New Registered Agent		
(F)	Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		

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: <u>X</u> 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>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	Wilhelmus Wilfried Alexander	16485 COILINS AVENUE # 0535
Add		De Witte	SUNAY Isles Beach, Fl 33160
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			,

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
The name of the Officer/Director name originally filed was incorrect, the name
needs to be changed to: WILHELMUS WILFRIED ALEXANDER DE WITTE
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) add date this document was signed.	option:	, if other than the
· ·		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	oted by the board of directors without shareholder action and shareholder oted by the incorporators without shareholder action and shareholder	
action was not required. Dated 10/ Signature	24/2013	
(By a dir selected	betor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductary by that fiduciary)	
<u>, </u>	WILHELMUS WILFRIED ALEXANDER DE WITTE	_
	(Typed or printed name of person signing)	
<u> </u>	PRESIDENT	<u> </u>
	(Title of person signing)	