## P16000016878

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

Solar Pigs, Inc NAME OF CORPORATION: \_\_ P16000016878 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Deniscia Smith Name of Contact Person Solar Pigs, Inc Firm/ Company 3390 Spring Lake Highway Address Brooksville, FL 34602 City/ State and Zip Code Denise@SolarPigs.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deniscia Smith 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: **☎** \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## **Articles of Amendment** to **Articles of Incorporation** of

FILED SECRETARY OF STAIL DIVISION OF CORPORATIO -

Solar Pigs, Inc

2016 AUG -8 AM 8: 34

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

(Decomposed Months of the	
(Document Number of	Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this as Articles of Incorporation:	Florida Profit Corporation adopts the following amendmen
. If amending name, enter the new name of the corporation:	
Energy Free Florida, Inc	The new
ame must be distinguishable and contain the word "corporation Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "cord "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
. Enter new principal office address, if applicable:	3390 Spring Lake Highway
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Brooksville, FL 34602
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address:  Name of New Registered Agent	
new registered agent and/or the new registered office address:	
Name of New Registered Agent  (Florida street)  New Registered Office Address:	vet address), Florida
Name of New Registered Agent  (Florida street)  New Registered Office Address:	vet address)

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.

X Change	PT John De	<u>oc</u>	
X Remove	V Mike Jo	<u>ones</u>	
X Add	SV Sally S	mith_	
Type of Action (Check One)	<u>Title</u>	Name .	Address
I) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
-			
Add			
Remove			

If amending or adding	additional Articles, ent	er change(s) here	<u>e</u> :		
Attach additional sheets	i, if necessary). (Be spe	ecific)	_		
	<del></del>				
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f an amendment provi	des for an exchange, re	classification, or	cancellation of iss	ued shares,	
<u>provisions for implem</u>	enting the amendment i	if not contained i	n the amendment	itself:	
(if not applicable,	ndicate N/A)				
				_	
				/	
		•	/		
		/			
	/				
-					

The date of each amendment(s) adoption:	08/01/2016	, if other than the
date this document was signed.		FILLES SLÜRETARY OF STATE
Effective date if applicable:	08/01/2016	JIVISION OF CORPORATION
	(no more than 90 days after ame	ndment file dai <b>zits</b> AUG -8 AM 8: 34
Note: If the data inserted in this block does r		ing requirements, this date will not be listed as the
document's effective date on the Department of		ing requirements, this date will not be fisted as the
Adoption of Amendment(s) (CH	IECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a		cast for the amendment(s)
☐ The amendment(s) was/were approved by th must be separately provided for each voting		
"The number of votes cast for the amer	ndment(s) was/were sufficient for a	pproval
by		."
(vo.	ting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without sharehol	der action and shareholder
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder a	action and shareholder
Dated08/01/2016		
$\sum K$		
Signature		
	sident or other officer – if directors of orporator – if in the hands of a recei	
appointed fiduciary		ver, musice, or office court
	Deniscia Smith	
	(Typed or printed name of person s	gning)
	President	
	(Title of person signing	)