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Fax Number

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From:

Account Name

: PADRON AND ASSOCIATES INC.

Account Number : 120060000156

: (305)818-0404

Fax Number

: (305)818-0898

R. WHITE

NOV 02 2016

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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7.

COVER LETTER

TO: Amendment Sect Division of Corp							
NAME OF CORPORATION: ENERGY X CORP							
DOCUMENT NUMI	DOCUMENT NUMBER: P16000039246						
	of Amendment and fee are su						
Please return all corre	spondence concerning this ma	tter to the following:					
	RALPH PADRO	N					
	PADRON & ASS	Name of Contact Person	-				
		Firm/ Company					
	2095 W 76TH S	• •					
	HIALEAH, FL 33	Address					
	TIIALLAII, I L OC	City/ State and Zip Code					
			•				
RA	LPH@RALPHPA						
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For further information	n concerning this matter, pleas	se call:					
RALPH PAC	RON	_{31.} 305	、818-0404				
Name	of Contact Person	Area Co	818-0404 de & Daytime Telephone Number				
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)				
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	endment Section sion of Corporations	Amendment Section Division of Corporations					
		Clifton Building					
	Box 6327		Building				
		Clifton 2661 E	Building xecutive Center Circle issee, FL 32301				

3058180898

Articles of Amendment to Articles of Incorporation 16 NOV -1 AH 8: 46

Articles of Incorporation Of TALL AND THE PARTY OF THE PA	
ENERGY X CORP	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P16000039246	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amend its Articles of Incorporation:	lment(s) to
A. If amending name, enter the new name of the corporation:	
REVOSOLAR CORP	าคาม
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
· ————————————————————————————————————	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	

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	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	<u>uith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add	•			
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				

	nding or adding add additional sheets, if	necessary). (Be s	pecific)		
		.,			
	mendment proyides	s for an exchange, i	reclassification, or	cancellation of issued s	hares,
lf an ai	cione for implement	ing the amendmen	t if not contained in	the amendment itself:	•
provis	f not applicable, indi	icuse (4771)			
provis	f not applicable, indi				
provis	f not applicable, indi				
provis	f not applicable, indi	icuie (47/1)			
provis	f not applicable, indi				
provis	f not applicable, indi	icuie (47/1)			
provis	f not applicable, indi	icuse 1471)			

The date of each amendment(s) addate this document was signed.	option:	if other than the
Effective date if applicable:	(no more than 96 days after unendment file skite)	····
	(no more than 96 degs after unendment file skile)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adoptive the shareholders was/were sufficient	pted by the shareholders. The number of votes east for the amendment(s).	
	roved 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 the amendment(s) was/were sufficient for approval	•
by	" (voting group)	-
action was not required.	pted by the heard of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
action was not required.	pred by the mestportests without statestoner action and state instead	
Dated 10/25/20	016 	
Signature	irector, president or other afficer - if directors or officers have not been	
solector	d, by an incorporator — if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	ISA M. MENESES	
•	(Typed or printed name of person signing)	*********
	PRESIDENT	
	(Title of person signing)	