

P/6000043223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

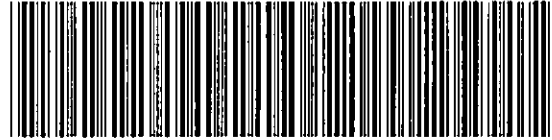
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N/C
Amend

10/18/22 -- 00007 -- 023 **35.00

2022 OCT 21 AM 10:44

FILED

A. RAMSEY
OCT 24 2022

2022 OCT 18 AM 11:53

*00789 02544 02976 001671

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303

• P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: DANNY 10/18

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AMENDMENT

1. SOLIDEX INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

Corrected

RECEIVED

2022 OCT 21 AM 11:26

TALLAHASSEE, FLORIDA

October 19, 2022

CORPORATE ACCESS, INC.

TALLAHASSEE, FL 32303

SUBJECT: SOLIDEX INC.
Ref. Number: P16000043223

We have received your document for SOLIDEX INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L19000092712.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 722A00023404

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOLIDEX INC.

DOCUMENT NUMBER: P16000043223

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eddie Jost

Name of Contact Person

MTB Admin Services LLC

Firm/ Company

500 Westover Dr #16113

Address

Sanford, NC 27330

City/ State and Zip Code

sozietact@usctsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eddie Jost

Name of Contact Person

at (646)

844-7509

Area Code & 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)

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

FILED
2022 OCT 21 AM 10:44

SOLIDEX INC.

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

P16000043223

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Blaze Trading & Investment Corporation

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

N/A

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

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 N/A

(Florida street address)

New Registered Office Address: N/A, 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

	Change	Add	Remove
1)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
2)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
3)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
4)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
5)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
6)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

ARTICLE IV: The number of shares of stock is: 250,000,000 at \$1 par value, classified below:

Class A Common Shares: 5,000,000 at \$1 par value

Class B Common Shares: 45,000,000 at \$1 par value

Class C Common Shares: 200,000,000 at \$1 par value

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)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____,"
(voting group)

10/18/2022
Dated _____

Signature /s/ Varvara Novik
(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)

Varvara Novik

(Typed or printed name of person signing)

President

(Title of person signing)