## P16000045441

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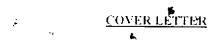
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TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: A5 SOLUTIONS	GROUP INC	
	BER: P16000045441		
The enclosed Article.	s of Amendment and fee are s	ubmitted for tiling.	
Please return all corre	espondence concerning this ma	atter to the following:	
	CRISTIANA S. BAAS, CP.	4	
	·	Name of Contact Perso	on .
	GLOBAL TAX & ACCOU	NTING, INC.	
		Firm/ Company	
	5300 W HILLSBORO BLV	• •	
		Address	
	COCONUT CREEK, FL 33	073	
	<del></del>	City/ State and Zip Coo	le
CCA	.SAPAVA@GTATATX.COA	1	
	E-mail address: (to be u	sed for future annual report	notification)
	n concerning this matter, pleas		
CRISTIANA S. BAA		at (	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	nriment of State:
S35 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		Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

 SOL	1000	ついて	CROI	ID	INK

( <u>Name</u>	of Corporation as currently f	iled with the Florida D	ept. of State)	
P16000045441				
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	,1006, Florida Statutes, this Flo	orida Profit Corporation	adopts the following ar	nendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the designword "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A professional corp	rporated" or the abbri	e new eviation tain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if apple (Mailing address <u>MAY BE A POST</u> )  D. If amending the registered agent ar	ÖFFICE BOX1	in Florida, enter the n	a <b>me</b> of the	<del></del>
new registered agent and/or the ne-		The state of the s	ant vi uk	
Name of New Registered Agent			<b>基</b> 2 <b>2</b>	
	5300 W. HILLSBORO BLVI	D., STE 217		Ti.
(Flor <u>New Registered Office Address:</u>		address)	\$3073 I	The second secon
	ιCi.	, n. i.		
New Registered Agent's Signature, if e I hereby accept the appointment as regist		and accept the obligation	ms of the position.	
	be old his	PUK		
	Signature of New Regi	stered 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:

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV Sally</u>	: Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	MIGLIORELLI, ANDRE MARCEL	5300 W. HILLSBORO BLVD
Add		<del></del>	STE. 217
Remove			COCONUT CREEK, FL 33073
2) X Change	S	DEL DEBBIO, LEANDRO DE SA	5300 W. HILLSBORO BEVD
Add	<del></del>		STE. 217
Remove			COCONUT CREEK, FL 33073
3 ) Change		-111.4	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			·

f 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 NA)	Attach additional she	ets, if necessary). (l	Be specific)			
provisions for implementing the amendment if not contained in the amendment itself:						<u></u>
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(if not applicable, indicate N/A)	f an amendment pro provisions for imple	wides for an exchang menting the amendn	e, reclassification nent if not contain	, or cancellation of sed in the amendm	issued shares, ent itself:	
	(if not applicable	: indicate N/A)				
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201	JULY 1, 2017	
The date of each amendments date this document was signed.	s) adoption:	if other than the
	JULY 1, 2017	
Effective date if applicable:	10151 1, 2017	
	tno more than 90 days after amenament file dater	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	u
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.		
JULY 1 Dated	. 2017	
Signature	II II DU DU	
(By seie	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court officery by that fiduciary)	
	LEANDRO DE SA DEL DEBBIO.	
	(Typed or printed name of person signing)	<del></del>
	SECRETARY	
	(Title of person signing)	