

P16000062030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

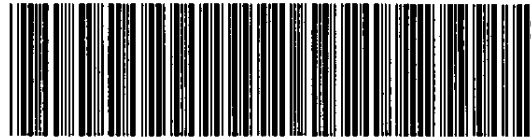
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/07/16--01021--026 \*\*35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 14 PM 4:39

SEP 15 2016  
C McNAIR

OCT 17 2016  
C McNAIR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2016

LOUIS KARPLES  
SOLUTIONS PDQ, INC.  
14671 BONAIRE BLVD., #202  
DELRAY BEACH, FL 33446-1770

SUBJECT: SOLUTIONS PDQ, INC.  
Ref. Number: P16000062030

We have received your document for SOLUTIONS PDQ, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 516A00021111

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 14 PM 4:39

**LOUIS KARPLES**  
14671 Bonaire Blvd., #202  
Delray Beach, FL 33446-1770  
Telephone: 561-270-7256  
e-mail: Louis2599@att.net

16 OCT 14 PM 4:39  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

October 10, 2016

Ms. Cheryl R. McNair  
Regulatory Specialist II  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO Box 6327  
Tallahassee, FL 32314

RE: SOLUTIONS RESEARCH, INC.  
Amendment Form

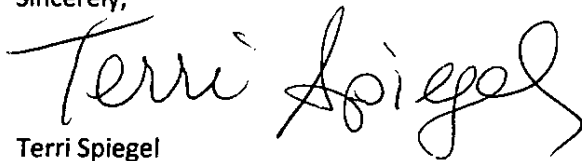
Dear Ms. McNair:

I am in receipt of your letter, dated September 30, 2016, with regard to the above-referenced information.

I have marked the appropriate box on page 4 of the Articles of Amendment and ask that you proceed to file the paperwork accordingly.

Thank you again for your time and efforts.

Sincerely,



Terri Spiegel  
Assistant to Louis Karples  
President  
SOLUTIONS RESEARCH, INC.

Enclosure  
RECEIVED  
16 OCT 14 AM 10:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

SOLUTIONS F.I.D. INC.

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

P 16 000062030

(Document Number of Corporation (if known))

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 14 PM 4:39

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:

SOLUTIONS RESEARCH, INC.

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."

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.

**Example:**

☒ Change      PT      John Doe

☐ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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

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

Handwritten text area for item E, consisting of multiple horizontal lines. The area contains several large, diagonal, handwritten marks that appear to be stylized or crossed-out text.

**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)*

Handwritten text area for item F, consisting of multiple horizontal lines. The area contains several large, diagonal, handwritten marks that appear to be stylized or crossed-out text.

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 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)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 26, 2016

Signature x Louis Karples  
(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)

LOUIS KARPLES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)