

P160000 63984

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(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: GIGA Solutions, Inc.

DOCUMENT NUMBER: P16000063984

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

Please return all correspondence concerning this matter to the following:

Carla Busick

Name of Contact Person

GIGA Solutions, Inc.

Firm/ Company

101 PLAZA REAL SOUTH, SUITE 201

Address

Boca Raton, FL 33432

City/ State and Zip Code

cbusick@gigasolves.com

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

For further information concerning this matter, please call:

Carla Busick

at ( 954 )

540-8636

Name of Contact Person

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

2011-05-17:34

GIGA SOLUTIONS, INC.

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

P16000063984

(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:**

Carla and Chris, 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)

101 PLAZA REAL SOUTH, Suite 201

Boca Raton, FL 33432

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

101 PLAZA REAL SOUTH, Suite 201

Boca Raton, FL 33432

**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:

(City)

Florida

(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) (e), F.S.

(Attach additional sheets, if necessary)

*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.*

**Example:**

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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1) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

2) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

3) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

4) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

5) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

6) \_\_\_\_ Change  
\_\_\_\_ Add  
\_\_\_\_ Remove

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

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

[illegible]

**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)

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April 1, 2020

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

April 1, 2020

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)

April 1, 2020

Dated \_\_\_\_\_

Signature \_\_\_\_\_

*Carla Busick*  
(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)

*Carla Busick*

(Typed or printed name of person signing)

*President*

(Title of person signing)

**GIGA SOLUTIONS INC**

101 PLAZA REAL S STE 201  
BOCA RATON FL 33432

1004

63-27/631 FL  
901

DATE 4/2/20

PAY  
TO THE  
ORDER OF

Florida Dept of State

\$ 52.50/xx

fifty two

50/xx

DOLLARS



Photo  
Safe  
Deposit  
Details on back

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FOR \_\_\_\_\_

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