

PI6000065768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

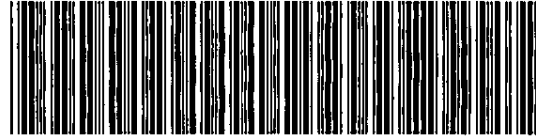
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2016 SEP 27 PM 3:48

OCT - 4 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2016

JOSEPH DEL CASTILLO  
4726 A N. LOIS AVE.  
TAMPA, FL 33614 US

SUBJECT: ULTRA VIOLET SOLUTIONS, INC  
Ref. Number: P16000065768

We have received your document for ULTRA VIOLET SOLUTIONS, 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):

Articles of Correction must be filed within 30 days of the date that the original document was filed.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 416A00020495

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ULTRAVIOLET SOLUTIONS, INC.

DOCUMENT NUMBER: P16000065768

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

Please return all correspondence concerning this matter to the following:

JOSEPH DEL CASTILLO

Name of Contact Person

ULTRAVIOLET SOLUTIONS, INC.

Firm/ Company

4726A NORTH LOIS AVENUE

Address

TAMPA, FL 33614

City/ State and Zip Code

ULTRAVIOLETSOLUTIONS1@GMAIL.COM

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

For further information concerning this matter, please call:

TRACI ALVAREZ

Name of Contact Person

at ( 813 ) 508 - 8886

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2016 SEP 27 PM 3:48

ULTRA VIOLET SOLUTIONS, INC.

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

P16000065768

(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:**

ULTRAVIOLET SOLUTIONS, 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**)

4726A NORTH LOIS AVENUE

TAMPA, FL 33614

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

4726A NORTH LOIS AVENUE

TAMPA, FL 33614

**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*

**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 checked="" type="checkbox"/> Change	<u>P</u>	<u>DEL CASTILLO, JOSEPH</u>	<u>4726A NORTH LOIS AVENUE</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33614</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>V</u>	<u>FERNANDEZ, EDWARD J</u>	<u>903 131st AVENUE</u>
<input type="checkbox"/> Add			<u>TAMPA, FL 33612</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>V</u>	<u>DEL CASTILLO, TONY</u>	<u>4726A NORTH LOIS AVENUE</u>
<input checked="" type="checkbox"/> Add			<u>TAMPA, FL 33614</u>
<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			

[illegible][illegible]

SEPTEMBER 30, 2016

The date of each amendment(s) adoption: \_\_\_\_\_  
date this document was signed.

if other than the  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

SEPTEMBER 30, 2016

Effective date if applicable: \_\_\_\_\_

(no more than 90 days after amendment file date)

2016 SEP 27 PM 3:48

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.

08.30.2016

Dated \_\_\_\_\_

Signature \_\_\_\_\_

(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)

JOSEPH DEL CASTILLO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)