

(Requestor's Nar	me)
(Address)	
(Address)	
(City/State/Zip/Pl	hone #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Num	ber)
Certified Copies Certific	ates of Status
Special Instructions to Filing Officer:	

Office Use Only



200301810002

07/27/17--01007--001 \*\*35.00

TO JUL 27 AH IO IT

JUL 2 8 2017

R. 77

## COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: SOLD Foundation	Musoncy Inc
DOCUMENT NUMBER: P16000079838	, 
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Percy Sayles Name of Contact Po	on Masoney Inc
1031 Sunshine lane	Suite 104
Altamonte Springs, F City/ State and Zip	<u>V 32714                                    </u>
Percy @ SI mason E-mail address: (to be used for future annual re	
For further information concerning this matter, please call:	
Percy Sayles at 40-	1, 955-1669
Enclosed is a check for the following amount made payable to the Florida I	Department of State:
\$35 Filing Fee	Certificate of Status
Amendment Section An Division of Corporations Div P.O. Box 6327 Cli Tallahassee, FL 32314 260	rect Address  nendment Section  vision of Corporations  flon Building  61 Executive Center Circle

## Articles of Amendment

to

Articles of Incorporation 7

e	t	

Solid Foundation Mason	Tric
(Name of Corporation as currently file	ed'with the Florida Dept. of State)
<u>P16000079838</u>	
(Document Number of Co	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	ida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" word "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET_ADDRESS)	<u>    \                                 </u>
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 new registered agent and/or the new registered office address:  Name of New Registered Agent	n Florida, enter the name of the
(Florida street a	htmas)
(Florida Sireet a	447 (533)
New Registered Office Address: (City	, Florida
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 Regis	ered Agent, if changing

address of each Office (Attach additional shee Please note the officer) P = President; V= Vic Executive Officer; CFO held, President, Treast Changes should be not a change, Mike Jones (	er and/or I ets, if neces, director tit, we Presiden O = Chief i wer, Direct ed in the followers the c	Director being added: sary) le by the first letter of the office title: t; T= Treasurer; S= Secretary; D= l Financial Officer. If an officer/direc or would be PTD. dlowing manner. Currently John Doc	Director; TR= Tr tor holds more to is listed as the l	custee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change Add Remove	<u>S</u>	Samuel F Con	<u>r.}-</u>	1031 Sunstine lane Suite 104 Altamonte Springs, Fl 32714
2) Change Add Remove		_		
3 ) Change Add Remove		_		
4) Change Add Remove				
5) Change Add Remove				

δ) \_\_\_\_\_ Change

\_\_\_\_ Add

\_\_\_ Remove

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	<u> </u>
	1
·· ·	
	_
If an amendment provides for an exchange, reclassification, or ca	ncellation of issued shares,
provisions for implementing the amendment if not contained in t (if not applicable, indicate N/A)	the amendment itself:
NIA	
•	
	<u> </u>
······································	İ
	<del> </del>

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 7-26-17 (no more than 90 days of	
(no more than 90 days o	ifter amendment file date)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	nutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vo must be separately provided for each voting group entitled to vote sep	
"The number of votes cast for the amendment(s) was/were suffic	ient for approval
by(voting group)	."
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	t shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated 7-26-17 Signature Play Lay la	
(By a director, president or other officer – if	
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
(Typed or printed name of	<u>els                                      </u>
(Typed or printed name of	person signing)
President	_
(Title of perso	on \$igning)