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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	ORATION: C4 Solutions, Inc.					
DOCUMENT NUM	D1 6000000044					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all con	espondence concerning this ma	tter to the following:				
	Dennis R. Texter					
		Name of Contact Persor	1			
	C4 Solutions, Inc.					
		Firm/ Company				
	315 Roslyn Ave.					
	Address					
	New Smyrna Beach, FL 3210	58				
City/ State and Zip Code						
	drtex12@gmail.com					
	E-mail address: (to be used for future annual report notification)					
	•	F	· · · · · · · · · · · · · · · · · · ·			
For further informati	on concerning this matter, pleas	se call:				
Dennis R. Texter		386 at (690-0533			
Name	of Contact Person	·	de & Daytime Telephone Number	- 20		
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	0		
□ \$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)	16 MILL 18		
An Div	ailing Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	⁴ °.,		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

C4 Solutions, Inc.			
(Name of Corpo	ration as currently filed with	the Florida Dept. of State)	
P16000098844			
(Do	cument Number of Corporati	on (if known)	
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of th	e corporation:		
N/A			The new
name must be distinguishable and contain the word "Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	'ne," or "Co". A professio	or "incorporated" or the abbrev nal corporation name must co	riation "Corp.,"
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent		rida, enter the name of the	
	(Florida street address)		20 75
New Registered Office Address:		, Florida	
	(City)	,	$Zip\ Code \longrightarrow 1$
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age.		veept the obligations of the positi	# 12 STORY
 ,	9 (N n		
	lignature of New Registered A	gent, if changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	S	Mark A. Bovier	203 Canova Dr.
x Add			New Smyrna Beach, FL 32169
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			

rz. <u>11 au</u> (Ana	nending or adding th <i>additional shee</i>	<u>z guuruonar Art</u> ts. if necessary)	Be specific))				
N/A	,		, , , ,	,				
						 		
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F. Ifac	amendment pro	vides for an exc	hange, reclass	ification, or c	ancellation of	issued shares.	-	
pro	visions for imple	menting the amo	endment if no	t contained in	the amendm	ent itself:	-	
	(if not applicable	, indicate N/A)						
N/A								
				_				
				<u></u>				

March 30, 2020 The date of each amendment(s) adoption: _____, if other than the date this document was signed. Effective date if applicable: (no more than 9t) 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) July 8, 2020 Dated Signature 1 (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) Dennis R. Texter (Typed or printed name of person signing) President (Title of person signing)