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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Silexa Consulting I	ncorporated		
DOCUMENT NUM	BER: P17000008678			
The enclosed Articles	of Amendment and fee are su	bmitted for filir	ng.	
Please return all corre	espondence concerning this ma	tter to the follow	wing;	
	John Alexis			
		Name of Co	ntact Person	
	Silexa Consulting Incorporated			
		Firm/ C	Company	
	463688 State Road 200, Suite	2 1-133		
		Ado	dress	
	Yulee, Florida 32097			
	·	City/ State a	ınd Zip Code	
john	p.alexis@icloud.com			
	E-mail address: (to be us	sed for future ar	inual report n	otification)
For further information	on concerning this matter, pleas	se call:		•
John Alexis		at (904	860-7042
Name	of Contact Person		Area Code	e & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the F	lorida Depart	tment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fili Certified C (Additional enclosed)	Гору	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address lendment Section rision of Corporations b. Box 6327 lahassee, FL 32314		Division Clifton E 2661 Ex	nent Section of Corporations

Articles of Amendment to Articles of Incorporation of

Silexa Consulting Incorporated

(<u>Name o</u>	of Corporation as current	tly filed with the Florida Dept. of State)	The second
17000008678			
	(Document Number of	of Corporation (if known)	<u></u>
ursuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amendme
. If amending name, enter the new na	me of the corporation:		
			The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
. Enter new principal office address.	if annlicable:	463688 State Road 200, Suite 1-133	
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)		Yulee, Florida 32097	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		463688 State Road 200, Suite 1-133	
		Yulee, Florida 32097	
			·
. If amending the registered agent an new registered agent and/or the nev		lress in Florida, enter the name of the ss:	
Name of New Registered Agent	John Alexis		
	463688 State Road 200, 5	Suite 1-133	
		treet address)	
	(Florida si		
New Registered Office Address:	Yulce	Florida 32	2097

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: X Change	<u>PT</u> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEOCD	John Alexis	463688 State Road 200, Suite1-133
X Add			Yulee, FL 32097
Remove			
2) Change	PTD	Casey Alexis	463688 State Road 200, Suite1-133
X Add			Yulee, FL 32097
Remove			
3) Change	CEO	John Alexis	86195 Courtney Isles Way, 3102
Add			Yulce, FL 32097
X Remove			
4) Change	P	Casey Cheche	86195 Courtney Isles Way, 3102
Add			Yulce, FL 32097
X Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
Kemove			

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)	
		
		
		
		
		· · · · · · · · · · · · · · · · · · ·
		
		
f an amendment provides for an exch	nge, reclassification, or cancellation of issued	shares,
provisions for implementing the amer	dment if not contained in the amendment itse	<u>lf:</u>
(if not applicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·

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 of document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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 11 27, 2017	
Signature // 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)	
John Alexis	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	