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JUN 1 2 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	FION:	CKS INC	
DOCUMENT NUMBER	R:		
	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
A?	STONIO RODRIGUEZ EG	.HEVARRIA	
		Name of Contact Person	1
101	SYSTEMS RACKS INC		
_		Firm' Company	
18	55 ASTON HALL DR E		
_		Address	
JA	CKSONVILLE FL 32246		
_		City State and Zip Cod	· · · · · · · · · · · · · · · · · · ·
baullosa.	2⟨a yahoo.com		
·	•	sed for future annual report	notification)
For further information of	oncerning this matter, pleas		
ANTONIO RODRIGUE	Z ECHEVARRIA	786 at (975-6594 de & Daytime Telephone Number
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	ne following amount made	payable to the Florida Depa	nrtment of State:
S35 Filing Fee	□S43.75 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)
Amend Divisio P.O. B	g Address ment Section n of Corporations ox 6327 issec, F1, 32314	Amenc Divisio Clifton 2661 F	Address Innent Section on of Corporations (Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

DJ SYSTEMS RACKS INC					
(<u>Name</u>	of Corporation as currentl	ly filed with the Florida Dept. of State	1		
P17000016805					
	(Document Number o	l Corporation (11 known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing a	imendn	ient(s)
A. Hamending name, enter the new n	ame of the corporation:				
				he ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "	Co". A projessional corporation name	the abbi must con	reviațio ntain d	n IC
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		1855 ASTON HALL DR E			
		JACKSONVILLE FL 32246			
			late		
C. Enter new mailing address, if applicable: (Mailing address MAYBE & POST OFFICE BOX)		1855 ASTON HALL DR E			
		JACKSONVILLE FL 32246		ـــــــــــــــــــــــــــــــــــــ	
				-1:-	===
				-(:)-	
 If amending the registered agent are new registered agent and/or the ne 			(7.7	.; 7)
Name of New Registered Agent	ANTONIO RODRIGUEZ	_	man a san man a san man a man a	33	
Stane of New Acquaerea Agent	1855 ASTON HALL DR E				
	tFlorida sp	reet address)			
New Registered Office Address	JACKSONVILLE , Florida 32246				
			tZip Coc	der	
<u>New Registered Office Address</u>			tZip Cod	der	
New Registered Agent's Signature, if c Thereby accept the appointment as regis	changing Registered Agent	<u>:</u> - dala angles angles della adam at dala ang			
Thereby accept the appointment as regis	terea agem i um juminar i	мин ани иссерстве отиданотѕ ој те ро	Stition.		
	Res				
	Signature of New F	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

X Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	Р	JUAN C MACHIN CALZADA	4050 NW 135TH ST APT 1-18
Add			OPA LOCKA, FL 33054
X Remove			
2) Change	P	ANTONIO RODRIGUEZ ECHEVA	1855 ASTON HALL DR E
X Add			JACKSONVILLE FL 32246
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary),	(Be specific)
	
If we are a second seco	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	

05:26'2017	
The date of each amendment(s) adoption: date this document was signed.	_, if other than th
Effective date if applicable:	
tho 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 document's effective date on the Department of State's records.	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 east 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	
Simulation of the second of th	
(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)	_
ANTONIO ROJARIGUEZ ECHEVARIO (Typed or printed name of person signing)	Ci
(Typed or printed name of person signing)	
President	
(Title of person signing)	