P170000027244

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer. |
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Office Use Only



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C. GOLDEN

BEC - 6 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| Date: _ | 12/5/17 ACCT. 120160000072 | mil- |
|--------------------------------------------------------------------|------------------------------------------|------|
| Name: | PLXIS Solutions Corp | |
| Document #: | | |
| Order #: | 10737435 | |
| Certified Copy of Arts & & Amend: | | |
| Plain Copy: Certificate of Good Standing: | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
| Filing | Certified: Plain: COGS: | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 43.75 | |
| | Thank you! | |

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: PLXIS SOLUTIO | NS CORP. | |
|-------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUM | BER: P17000027844 | | |
| The enclosed Article | s of Amendment and fee are su | ibmitted for filing. | |
| Please return all corre | espondence concerning this ma | atter to the following: | |
| | Cristina Guzman | | |
| | | Name of Contact Person | 1 |
| | PLXIS SOLUTIONS CORP | , | |
| | | Firm/ Company | |
| | 9200 S. DADELAND BLVI | D., SUITE 800 | |
| | | Address | |
| | MIAMI, FL 33156 | | • |
| | | City/ State and Zip Code | 2 |
| | ~ : | | |
| cguz | man@ipcoop.com | | |
| | E-mail address: (to be u | sed for future annual report | notification) |
| For further information | on concerning this matter, pleas | se call: | |
| Cristina Guzman | | at (| 270.1245 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made | payable to the Florida Depa | rtment of State: |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| An Div | iling Address endment Section vision of Corporations b. Box 6327 | Amend Divisio | Address ment Section n of Corporations Building |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILES 2017 DEC -5 AMTH: 35

| PLXIS SOLUTIONS CORP. | 9 (<u> </u> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| (Name of Corporatio | n as currently filed with the Florida Dept. of State) |
| P17000027844 | |
| (Docume | ent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the cor | poration: |
| | The new |
| name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the a | "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD) | |
| C Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> | ý |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered of | ed office address in Florida, enter the name of the office address: |
| Name of New Registered Agent | |
| | (Florida street address) |
| No. One bound Office Address | , Florida |
| New Registered Office Address: | (City) (7.ip Code) |
| New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I | stered Agent: I am familiar with and accept the obligations of the position. |
| Signa | iture 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 PT | John Doc | |
|----------------------------------------|-------------|----------------------|
| \underline{X} Remove \underline{V} | Mike Jones | |
| X Add SV | Sally Smith | |
| Type of Action Title (Check One) | Name | <u>Addres</u> s |
| 1) Change | Jan Rissi | 9200 S Dadeland BLVD |
| Add | | Ste 800 |
| x Remove | | Miami, FL 33156 |
| 2) Change | Jan Risi | 9200 S Dadeland BLVD |
| x Add | | Ste 800 |
| Remove | | Miami, FL 33156 |
| 3) Change | | |
| Add | | |
| Remove | | |
| Remove | | |
| 4) Change | | |
| Add | | |
| Remove | | |
| | | |
| 5) Change | | |
| Add | | |
| Remove | | |
| 6) Change | | |
| Add | | |
| Remove | | |

| Attach additional sheets, if necessary). | ticles, enter chauge(s) here: (Be specific) | |
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| f an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | endment is not contained in the interioriest assets | |
| | | |
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| The date of each amendment(s) at date this document was signed. | loption: | _, if other than th |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Effective date if applicable: | (no more than 90 days after amendment file date) | |
| | (no more inan 90 days after tanenamen file date) | |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will repartment of State's records. | not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ado by the shareholders was/were sur | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. | |
| | roved by the shareholders through voting groups. The following statement 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 ado action was not required, | pted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 12/4/2017 | | |
| DatedSignature | 1907 | |
| (By a di | rector, president or other office - if directors or officers have not been | - |
| | i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | George Labelle | |
| • | (Typed or printed name of person signing) | |
| | Director | |
| · | (Title of person signing) | |