P170000043Z79

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DEC 07 S. PRATHER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Stickies Solutions	Inc	
DOCUMENT NUME	BER: P17000043279		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Bill Colpetzer		
		Name of Contact Perso	n
	Stickies Solutions Inc		
		Firm/ Company	·- ··
	1200 N Federal Hwy, Ste 300)	
		Address	<u> </u>
	Boca Raton, FL 33432		
		City/ State and Zip Cod	e
	wreolpet@outlook.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Sean Williams		561 at (899-4412
Name c	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
■ \$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)
Ame Divi P.O.	hing Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

262

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	of	Į:
Stickies Solutions Inc		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(Name)	of Corporation as currently filed with the Florida Dept.	of State) 🗂 🗠
P17000043279		
	(Document Number of Corporation (if known)	\$
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Corporation</i> ado	pts the following amendmen
a. If amending name, enter the new n	ame of the corporation:	
		Thenew
	the word "corporation," "company," or "incorporated" of 'orp," "Inc," or "Co". A professional corporation nam 'or the abbreviation "P.A."	
3. Enter new principal office address,	if applicable:	
Principal office address <u>MUST BE A S</u>		
S. Panagara and the state of th		
Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		
new registered agent and/or the new	id/or registered office address in Florida, enter the name wregistered office address:	<u>of the</u>
	Williams Accounting Services	
Name of New Registered Agent	Titudio / recounting Services	
	1860 Old Okeechobee Rd, Ste 506	
	(Florida street address)	
New Registered Office Address:	West Palm Beach	33409
gen regarerer vynee raavess.	(City)	(Zip Code)
New Registered Agent's Signature, if c		
hereby accept the appointment as regist	ered agent. I am familiar with and accept the obligations of	of the position.
	1/1	
	100	

Signature of New Registered Agent, 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)	<u>Title</u>	<u>Nan</u>	<u>1¢</u>		Address	
1) Change		<u>. </u>				
Add						
Remove						
2) Change						
Add				 		,
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change				 		
Add						, -
Remove						
6) Change						
Add				 		
Remove						

tach <i>additional sh</i>	eets, if necessary),	(Be specific)				
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<u>in amendment p</u>	rovides for an excha	nge, reclassificat	ion, or cancellation	on of issued shar	<u>es,</u>	
(if not applical	lementing the ameno le, indicate N/A)	iment ii not cont	ained in the ame	nament itseit:		
(і) пол арупіса	ic, macae may					
			<u> </u>			
		- .		-		
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	<u></u>					

The date of each amendment(s) adoption: late this document was signed.		, if other than t
ffective date <u>if applicable</u> :		
tno	more than 90 days after amendment file date)	
ote: If the date inserted in this block does not me ocument's effective date on the Department of State		his date will not be listed as t
doption of Amendment(s) (CHECK	CONE)	
The amendment(s) was/were adopted by the incoraction was not required.	porators, or board of directors without shareholde	er action and shareholder
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appro		iment(s)
The amendment(s) was/were approved by the shar must be separately provided for each voting group		
"The number of votes cast for the amendme	nt(s) was/were sufficient for approval)
by	·	2
(voting g	roup)	
Dated 11-08-202	J.	
Dated_11-08-2020 Signature	4 Ervin	,7
(By a director, president)	or other officer - if directors or officers have not	
selected, by an incorpora appointed fiduciary by the	ator – if in the hands of a receiver, trustee, or other	er court
	1 11	
Kenneth Ervin (Type	HESNETH EVIL	
President	1	
(Title	of person signing)	