P17000093558

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: VK SMART SOL	UTIONS CORP				
DOCUMENT NUMB	BER: P17000093558					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	ORELLANA SANCHEZ, A	LBERTO				
		Name of Contact Person	n			
	VK SMART SOLUTIONS CORP					
		Firm/ Company	-			
	1884 49TH ST SW	, -				
	1877	Address				
	NAPLES, FL 34116					
	· <u> </u>	City/ State and Zip Cod	e			
albert	o790720@gmail.com					
		sed for future annual report	notification)			
For further information	n concerning this matter, pleas IEZ, ALBERTO					
Name o	of Contact Person	at (Area Co) de & Daytime Telephone Number			
	r the following amount made		·			
■ \$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.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301			

Articles of Amendment to Articles of Incorporation of

VK SMART SOLUTIONS CORP

(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
P17000093558			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the f	ollowing amend	iment(s) t
A. If amending name, enter the new name of the corporation:			
VK SMART TECHNOLOGY CORP		The i	nen.
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name	the abbrevia	tion
B. Enter new principal office address, if applicable:	1884 49TH ST SW		
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34116		
		~	_
		-17 8	_
C. Enter new mailing address, if applicable:		A.	- 1 1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		20	
			- 17
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the		 F
new registered agent and/or the new registered office addre		7.5	6 7
Name of New Registered Agent			
tFlorida s	street address)		
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	_
N. D. in January Cinner and American Designation of American			
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	u <u>:</u> r with and accept the obligations of the po	sition.	
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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		-
Add				
Remove				
4) Change				-
Add				
Remove				
5) Change		<u> </u>	· 	
Add				
Remove				
() Change				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	_		
				
	-			
				
				
			•	
If an amendment provides for an exch provisions for implementing the amer	inge, reclassification, o	or cancellation of	issued shares,	
(if not applicable, indicate N/A)	different in not contained	in the amendme	nensen.	
		<u> </u>		
		·		

	t(s) adoption:	, if other than the
date this document was signed	l. - 91/11/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	,
	s east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
01/11	/2018	
Dated	2.A	
Signature _	<u>ey</u>	
Se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	ORELLANA SANCHEZ, ALBERTO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person stoning)	