P1800005156

(Re	questor's Name)	_
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
· (Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PERFECT SOLU	FION INC	
DOCUMENT NUM			
	of Amendment and fee are so		
Please return all corres	pondence concerning this ma	itter to the following:	
	ANDREW OCEAN		
		Name of Contact Perso	າກ
	UNITED BRANDS		
		Firm' Company	
	6260 C DUPONT STATION	COURT EAST	
		Address	
	JACKSONVILLE, FL 32217	7	
		City/ State and Zip Coc	le
ANDI	REWOCEAN@ UNITEDBR/	ANDS.BIZ	
		sed for future annual repor	notification
	concerning this matter, plea-		389-0000 ode & Daytime Telephone Number
Name c	f Contact Person	Area Co	ode & Daytime Telephone Number
	the following amount made		
S35 Filing Fee	☐843.75 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 Divis P.O.	ing Address adment Section sion of Corporations Box 6327 hassec, FL 32314	Amen Divisi Cliftor 2661 I	Address diment Section on of Corporations i Building ixecutive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

PERFECT SOLUTION INC (Name of Corporation as currently filed with the Florida Dept. of State) P180000005156 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "carporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. Hamending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _, Florida_ $(Cit)_{i}$ (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, it 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	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	\'I'	KRISZTIAN SANDOR	4448 ARCH CREEK DRIVE
X Add			JACKSONVILLE, FL 32257
Remove			
2) Change			_
Add			
Remove			
3.1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
Sr Change			
Add			
Remove			
6) Change			
Add			
Remove			11111

Mach additional sl	ding additional Art heets, if necessary).	tBe specifies				
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an amendment pi	rovides for an exch	ange, reclassif	cation, or cane	ellation of issued	Lshares	
<u>rovisions for imp</u> a	tementing the ame ole, indicate N/A)	ndment if not e	ontained in the	amendment itse	·If:	
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The date of each amendment(s) adoption:
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 not be listed as a document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
■ 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 east 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.
05:08:2018 Dated
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)
LIDIA BIRINCSIK
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

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