P1800000 8036

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: ZPROCIS SOLUT	IONS INC.	
DOCUMENT NUMB	ER: P18000008036		
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-		ZEESHAN TARIQ	
		Name of Contact Person	1
_		ZPROCIS SOLUTIONS INC.	
		Firm/ Company	
_	5270 G	OLDEN GATE PKWY, SUITE 104	
		Address	
-		NAPLES, FL 34116	
		City/ State and Zip Cod	e e
	ze	eshan.tariq@zprocissolutions.c	om
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, plea-	se call:	
FARI	HEEN FARHAN	at (239) 280-9292
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	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)
	ing Address		Address
Amendment Section Division of Corporations			Iment Section on of Corporations

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ZPROCIS SOLUTIONS INC.

(Name of Corporation as currently	filed with the Florida	Dept. of State)	
P1800000803	6		
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporati	on adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation:			
N/A			The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered." "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable:	N/A		
(Principal office uddress <u>MUST BE A STREET ADDRESS</u>)			
			
C. Enter new mailing address, if applicable:		<u>-</u>	2
(Mailing address MAY BE A POST OFFICE BOX)	N/A		n n n
			<u> </u>
			<u></u>
		, 25	F-7-4
D. If amending the registered agent and/or registered office addre	ess in Florida, enter th		<u> </u>
new registered agent and/or the new registered office address:			ည ယ
Name of New Registered Agent N/A		3.7	Š
(Florida stre	et address)		-
V Danier von LOVG au C.L		121 - 2 1	
New Registered Office Address:	City)	, Florida <i>(Zip C</i>	ode)
	·	•	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent.—I am familiar w	ith and accept the oblig	ations of the position.	
Signature of New Re	gistered Agent, if chang	ina	-

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: <u>X</u> Change	<u>PT</u>	John De	<u>re</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	_coo_		CHRISTOPHER J. RHODES	5030 JASMINE DRIVE
Add				CHUBBUCK, ID 83202
X Remove				
2) Change		_		
Add				
Remove 3.) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessar	Articles, enter change(s) here: v). (Be specific)	
	N/A	

	,	
	······································	
f an amendment provides for an	exchange, reclassification, or can	cellation of issued shares,
provisions for implementing the (if not applicable, indicate N/s	imendment if not contained in th	<u>e amendment itself:</u>
ZEESHAN TARIO	100% SHAREHOLDER	
· · · · · · · · · · · · · · · · · · ·		
		

The date of each amendment(s) adoption:	, if other than the
•	
Effective date <u>if applicable</u> : tho more than 90 days after amendm	ent file dater
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes ca by the shareholders was/were sufficient for approval.	st for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for appr	oval
by	
(voting group)	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	
☑ The amendment(s) was/were adopted by the incorporators, or board of directors wi action was not required.	thout shareholder action and shareholder
Dated1/13/2020	
Signature Quidrey Tail	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver appointed fiduciary by that fiduciary)	
ZEESHAN TARIQ	
ZEESHAN TARIQ (Typed or printed name of person signi	u6)
CEO	
(Title of person signing)	·