(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000381065630

2022 FEB 22 AM 8: 16

FEB 2.3 2022 I ALBRITTON

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	•
PLEASE USE FUNDS FROM ACCT: 12021000 AUTHORIZATION SIGNATURE:  DURALAST SOLAR INC P19000005418 Business Name Docu	oment Number, (if known):
Walk in Mail out	Pick up time Will wait
Photocopy Certified Copy of Articles of Organization	
Certificate of Status  NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement Statement of Revocation of Dissolution
APOSTIL Country	Other

EXAMINER'S INITIALS:\_\_\_\_

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	TION: DUCA	last Sola	c Inc
DOCUMENT NUMBE	_	0000 5418	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
_		Name of Contact Person	
_	12952	Firm/ Company	Sulutions Inc om Road
	Lorge	> FL 3  City/ State and Zip Cod	3774
_	E-mail address: (to be us	Pelmanent e de de for future annual report	sular sulutions com notification)
For further information of	oncerning this matter, pleas	se call:	
A Abore			631-9mK
עיוטאו אוד	Gasten	at( <u>フ</u> るフ	<u> </u>
Name of	Contact Person	at ( 737 Area Co	de & Daytime Telephone Number
	Contact Person ne following amount made		
Enclosed is a check for the		payable to the Florida Depa	artment of State:
Enclosed is a check for the \$35 Filing Fee Mailin	ne following amount made page 19843.75 Filing Fee & Certificate of Status	payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	artment of State:  \$\int \text{S52.50 Filing Fee}\$  Certificate of Status  Certified Copy  (Additional Copy  is enclosed)  Address
Enclosed is a check for the S35 Filing Fee  Mailing Amend	ne following amount made in \$43.75 Filing Fee & Certificate of Status <u>B. Address</u> Iment Section	payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Street Amend	artment of State:  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  Address Iment Section
Enclosed is a check for the S35 Filing Fee  Mailing Ameno Division	ne following amount made page 19843.75 Filing Fee & Certificate of Status	payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Street Amend Division	artment of State:  \$\int \text{S52.50 Filing Fee}\$  Certificate of Status  Certified Copy  (Additional Copy  is enclosed)  Address

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

	of			
(Name of Corporation	st Solar	IX	<del></del> ,	<del></del>
P 19 00000	as currently filed with the	ne Florida Dept. of State)		
	nt Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this <i>Florida Profit</i>	Corporation adopts the fo	Howing amend	dment(s) to
A. If amending name, enter the new name of the cor	poration:			
Permanent Solar Solut				
name must be distinguishable and contain the word "corp" Inc., " or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	poration," "company," or or "Co". A professional	"incorporated" or the abbrecorporation name must o	mintion "C'on	new p.," ord
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)			<del>-10</del>
	-		<b>2022</b>	<u> </u>
				-71
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			B 22	
	<del></del>		W-C	- កា
		· · · · · · · · · · · · · · · · · · ·	SEPT SEPT SEPT SEPT SEPT SEPT SEPT SEPT	-Ö
			FA -	_
). If amending the registered agent and/or registered	office address in Florida	, enter the name of the	· FE 6	
new registered agent and/or the new registered off	ice address:			
Name of New Registered Agent				
	(Florida street address)		<del></del>	
New Registered Office Address:		, Florida		
	(City)	1 10/104	(Zip Code)	_
lew Registered Agent's Signature, if changing Registe	ered Agent			
hereby accept the appointment as registered agent. I a	m familiar with and accept	the obligations of the posit	ion.	
Signatur	e of New Registered Agent	if changing	<del></del> _	
	,	V ************************************		

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:

<u>X</u> Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally Sr	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		<del>-</del>		
Add			- <del></del>	
Remove				
4) Change		-		
Add				
Remove				
51 Change				
Add				
Remove				
6) Change			·	
Add		•		
Remove				

Attach additional sheets, if necessary).	(Be specific)
	•
	· · · · · · · · · · · · · · · · · · ·
M	
	•
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
movisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

.

The date-of each amendment(s) ad	loption:		if other than the
date this document was signed.			·
Effective date <u>if applicable</u> :			
	ino more than 90	O days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the application partment of State's records.	rable statutory filing requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators, or b	poard of directors without shareholder action and	l shareholder
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The flicient for approval.	e number of votes cast for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders throeach voting group entitled to t	ough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/wer	re sufficient for approval	
by			
	(voting group)		•
Dated 2	/22/2022		
	rector, provident or other office	cer – if directors or officers have not been	-
selected	d, by an <b>ge</b> orporator – if in the	e hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	_	
	Anthony	name of person signing)	
	(Typed or printed i	name of person signing)	
	Preside		
	(Title of person sig	gning)	