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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077 Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for <code>Future</code> annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SOLNICKI FINANCIAL CONSULTING INC.

| Certificate of Status | 0 |
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SEP 2 2 2020

S. YOUNG

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Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

| Solnicki Financial Consulting Inc. | | | |
|---|---|----------------------------------|---------------------------------------|
| (Name of Corporation a | s currently filed with the Florida D | ept. of State) | |
| P20000021199 | | | |
| (Document | Number of Corporation (if known) | | |
| Pursuant to the provisions of section 607.1006, Florida Statists Articles of Incorporation: | atutes, this Floridu Profit Corporation | adopts the following a | amendinent(s) to |
| A. If amending name, enter the new name of the cornu | oration: | | |
| Kobel Financial Group Inc | | 7 | · · · · · · · · · · · · · · · · · · · |
| name must be distinguishable and contain the word "corpo" Inc., " or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat | r "Co". A professional corporation | d" or the abbreviation | The new "Corp.," the word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE | <u> </u> | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi. | | name of the | |
| Name of New Registered Agent | | | |
| | | | |
| 4- | (Florida street address) | | |
| New Registered Office Address | (City) | , Florida(Zip Co. | cle) |
| New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an | wed Agent: on familiar with and accept the obligat | ions of the position; | 2020 SEP |
| Signatur | re of New Registered Agent, if changin | SOUTH THE PREST OF THE PROPERTY. | 8 II |
| | | | 8: 5 ⁴ |

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) | Title | <u>Name</u> | | <u>Addres</u> s | |
| I) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 2) Change | | | | | |
| Add | | | | | |
| Remove 3) Change | | | | 777 | |
| Add | | | · | | |
| Remove | | | | | |
| 4) Change | | | | | |
| Add | | | | | |
| Remove | | | | | |
| 5) Change | | | | | - |
| Add | | | | | |
| Remove | | | | | |
| 6) Change | | | | | |
| Add | | | | | _ |
| Remove | | | | | |

| f amending or adding additional Arti Mach additional sheets, if necessary). | (Be specific) | |
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| an amendment provides for an excha | ange, reclassification, or cancellation of issued shares, | |
| (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|--------------------------|
| date this document was signed. | |
| Effective date if applicable: | |
| (no 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 wildocument's effective date on the Department of State's records | ill not be listed as the |
| 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) 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 without shareholder action are action was not required. | d shareholder |
| 9/11/2020 | |
| 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) | |
| Jonathan Solnicki | |
| (Typed or printed name of person signing) | |
| President Director | |
| (Title of person signing) | |