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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: WIGV SERVICES	SINC				
DOCUMENT NUMB	F2000000037					
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.				
Please return all corresp	oondence concerning this ma	tter to the following:				
_	***	Name of Contact Persor	1			
_	RS ACCOUN	TING AND TAX SERVIC	ES INC			
	Firm/ Company					
_	10 FAIRWAY DRIVE STE 306					
	Address					
_	DEERFIELD BEACH FL 33441 City/ State and Zip Code					
			•			
_		o@rsaccountingtax.com sed for future annual report				
	nam address; (to be us	sed for future annual report	nouncation)			
For further information	concerning this matter, plea	se call:				
RODRIGO P SILVA		at (623-7615			
Name of Contact Person		at (954) 623-7615 Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address 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

	WIGV SERVI	ICES INC		
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)		
	P2000009	99034		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the followin	ig amendment(s) t	
A. If amending name, enter the new n	ame of the corporation:			
	CREACER SO	LUTIONS INC	The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Corp." "Inc," or "Co",	"company," or "incorporated" or the abbreviation A professional corporation name must contain "	on "Corp"	
R Enter new principal office address	if applicable:	22145 CRESSMONT PL		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		BOCA RATON, FL 33428		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		22145 CRESSMONT PL		
		BOCA RATON, FL 33428		
D. If amending the registered agent ar new registered agent and/or the new	id/or registered office add w registered office addres	dress in Florida, enter the name of the		
Name of New Registered Agent RS ACCOUNTING A		D TAX SERVICES INC		
	10 FAIRWAY DRIVE STE 306			
	(Florida st	treet address)	-	
New Registered Office Address:	DEERFIELD BEACH	, Florida 33441		
		(Civ) (Zip C	Tode)	

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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)

Example:

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 D	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>SV</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	Title		Name	Address	
1) Change		_			
Add					
Remove					
2) Change		_			
Add					
Remove 3) Change		_			
Add					ξ., 1
Remove					
4) Change					
Add					
Remove					
5) Change				-	
Add					
Remove					
6) Change					
Add					
Remove					

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)				
					
					
					
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				·	 -
			<u> </u>		
					<u>.</u>
	_				
an amandmant provides for an area			luation for a life		
an amendment provides for an exch rovisions for implementing the ame	ndment if not co	ation, or cancen intained in the a	mendment itself:	nares,	
(if not applicable, indicate N/A)				•	
7811.4					 :
7.88					
					
					

The date of each amendment(s) adoption	:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file dat	e)
Note: If the date inserted in this block do- document's effective date on the Departmen	es not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without share	holder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the artfor approval.	nendment(s)
☐ The amendment(s) was/were approved b must be separately provided for each vo	y the shareholders through voting groups. The follow ting group entitled to vote separately on the amendme	ing statement ent(s):
"The number of votes cast for the a	nmendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
Signature (By a director, poselected, by an appointed fiduce	oresident or other officer – if directors or officers have incorporator – if in the hands of a receiver, trustee, or clary by that fiduciary) Weba M De Jato (Typed or printed name of person signing)	
	PRESTOUNT	
	(Title of person signing)	

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