P21000033625

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J DENNIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SOLAR KINGDO	M INC		
DOCUMENT NUMI				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	FLOR LOZANO DUGGER			
		Name of Contact Person	n	
	2D CONSULTING ENTERI	PRISE LLC		
		Firm/ Company		
	Firm Company 241 HAMMOCK OAK CIRCLE			
		Address		
	DEBARY , FLORIDA 32713			
	City/ State and Zip Code			
	2DCONSULTINGENTERPI	RISE@GMAIL.COM		
		sed for future annual report	notification)	
		·	·	
For further information	n concerning this matter, plea-	se call:		
FLOR LOZANO DU	GGER	904 at (382 0889	
Name o	of Contact Person	Area Co	382 0889 de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State;	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divi	ing Address ndinent Section sion of Corporations Box 6327	Amend Divisio	Address ment Section n of Corporations entre of Tallahassee	
	hassee, FL 32314		Monroe Street Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SOLAR KINGDOM INC

SOLAR KINGDOM INC			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P21000033625			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:			
	The new		
name must be distinguishable and contain the word "corporation,": "Inc.," or Co.," or the designation "Corp." "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word		
B. Enter new principal office address, if applicable:	2854 HARMONIA HAMMOCK RD		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ST CLOUD FL 34773		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2854 HARMONIA HAMMOCK RD		
	ST CLOUD FL 34773		
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres			
Name of New Registered Agent			
(Florida s	trect address)		
New Registered Office Address:	. Florida		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar			
	<u> </u>		
Signature of New	Registered Agent, if changing		
Check if applicable	చ		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11]			

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 Doc	
X Remove	<u>V</u>	Mike Jones	
X_ Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	LIBNI PAOLINI CONTRERAS	15013 HUNTCLIFF PARK WAY
XAdd	" -		ORLANDO, FL 32824
Remove			
2) Change			-
Add			
Remove 3) Change			
Add			<u> </u>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary)	. (Be specific)			
•				
				
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	<u> </u>			
				
If an amendment provides for an ex-	change, reclassification.	or cancellation of i	ested chares	
provisions for implementing the an (if not applicable, indicate N/A)	endment if not contain	ed in the amendmen	it itself:	
(if not applicable, indicate N/A)				
		<u> </u>		_
				
·		 -		
		_	 	

	06/22/2021	
The date of each amendment(s) adopt	ion:	if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory file ment of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors	without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes ent for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each	d by the shareholders through voting group voting group entitled to vote separately or	s. The following statement the amendment(s):
"The number of votes cast for the	ne amendment(s) was/were sufficient for a	pproval
by		
	(voting group)	
06/22/2021 Dated		
sciected, by	r. president or other officer – if directors o an incorporator – if in the hands of a receiv ductary by that fiductary)	officers have not been er, trustee, or other court
JES:	SIE PANTOJAS	
	(Typed or printed name of person signal	gning)
PRE	SIDENT	

(Title of person signing)