(((H220002550173)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: MEDEIROS SOUZA CORP Account Name

Account Number : I2019000068

: (407)326-8484

Fax Number

: (407)604-6519

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

CONTACT@MEDEIROSSOUZA.COM

## COR AMND/RESTATE/CORRECT OR O/D RESIGN NORTH AMERICA SOLAR ENERGY INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

A. RAMSEY AUG - 1 2022

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

7/29/2022 1:19:47 PM PAGE 1/001 Fax Server



July 29, 2022

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

NORTH AMERICA SOLAR ENERGY INC 5950 LAKEHURST DRIVE SUITE 186 ORLANDO, FL 32819

SUBJECT: NORTH AMERICA SOLAR ENERGY INC

REF: P97000007037

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The signatures does not meet legibility.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden FAX Aud. #: H22000255017 Regulatory Specialist II Letter Number: 022A00017016

## **COVER LETTER**

TO.	Amendm	ient Section	
	Division	of Corporation	IS

NAME OF CORPOR	ATION: NORTH AMERIC	A SOLAR ENERGY INC	
DOCUMENT NUMB	ER:		·
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Rubem Souza		
-		Name of Contact Persor	1
	Medeiros Souza Corp		
-		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	845 N GARLAND AVE, ST	E 100	
-		Address	
	ORLANDO. FL 32801		
-		City/ State and Zip Code	:
	ORLANDO, FL 32801		
		ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RUBEM SOUZA	,	407 at (	326-8484
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:
S35 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 Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 P	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810 issee, FL 32303

From: RUBEM SOUZA

		r	11	-£1	<b>`</b> 1
Articles of Amend	ment			- L	<i>}</i>
Articles of Amend to Articles of Incorpor of	202	9		_	
Articles of Incorpor	ration	JUL	20	_	
of	~.	_	٠ ٦	PMID	
	٠,				45

NORTH AMERICA SOLAR ENE	ERGY INC	·.;.	jir sa	
( <u>N</u>	same of Corporation as cu	rrently filed with the Flo	rida Dept. of State)	
P97000007037			•	
	(Document Nun	nber of Corporation (if kn	own)	
Pursuant to the provisions of sections Articles of Incorporation:	on 607.1006, Florida Statutes	s, this <i>Florida Profit Corp</i>	oration adopts the following	amendment(s) to
A. If amending name, enter the i	new name of the corporation	on:		
				The new
name must be distinguishable and c "Inc" or Co.," or the designati "chartered," "professional associa	ion "Corp." "Inc," or "Ce	o", A professional corp	rporated" or the abbreviation poration name must contain	"Corp.," the word
B. <u>Enter new principal office add</u> (Principal office address <u>MUST B</u>				
		<del></del>		
C. Enter new mailing address, i (Mailing address MAY BE A I				
<ul> <li>If amending the registered ag new registered agent and/or t</li> </ul>			er the name of the	
Name of New Registered 1	Ament			
Mante ty West Registered 7	<u> </u>			
	(Flor	ida street address)		
New Registered Office Add	denne		, Florida	
New Registered Office Add	<u>uress</u>	(City)	tZip Co	ode)
New Registered Agent's Signatus I hereby accept the appointment as			obligations of the position	
increey accept ne appointment to	rogonrou agem. rumjum		yanganana sy ma promon	
		<del>,</del>	<del> </del>	
	Signature of i	New Registered Agent, if c	hanging	

## 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)

To:

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> <u>Joh</u>	n Doe	
$\underline{X}$ Remove	<u>V</u> <u>Mil</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PDS	Mosaic Global COR	845 N GARLAND AVE, STE 100
Add	<del></del>		Orlando, FL 32801
x Remove			
2) Change	PDS	YU, ELIZA L	6965 PIAZZA GRANDE AVE
x Add			SUITE 107,ORLANDO, FL 32835
Remove 3 ) Change	D	Omega International Solutions Corp	845 N GARLAND AVE, STE 100
Add			Orlando, FL 32801
X Remove			
4) Change	D	DOS SANTOS PEREIRA, RENATO	2418 TURPIN DR
X Add			ORLANDO, FL 32837
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

To:

From: RUBEM SOUZA

	(Be specific)	<u>) here</u> :	
			. <u>.                                   </u>
<del></del>			
		<u>-</u>	
		<del></del>	· <del>-</del>
<del></del>			
If an amendment provides for an exc	hunga malagifiantis	on an annuallation of ic	sund churee
provisions for implementing the am	endment if not conta	ined in the amendment	titself:
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)		<u> </u>	
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			
(if not applicable, indicate N/A)			

From: RUBEM SOUZA

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)