

M83184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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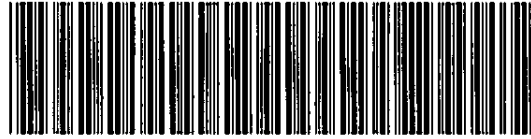
(Business Entity Name)

(Document Number)

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*Amend*

*11-13-14*

*DC*

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14 NOV 12 PM 1:44



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2014

THOMAS MCCRIMMON  
TPT GLOBAL TECH, INC.  
507 EAST COMANCHE AVE.  
TAMPA, FL 33604

SUBJECT: TPT GLOBAL TECH, INC.  
Ref. Number: M83184

We have received your document for TPT GLOBAL TECH, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Darlene Connell  
Regulatory Specialist III

Letter Number: 414A00022563

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** TPT GLOBAL TECH, INC.

**DOCUMENT NUMBER:** M83184

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS MCCRIMMON

Name of Contact Person

TPT GLOBAL TECH, INC.

Firm/ Company

507 EAST COMANCHE AVE.

Address

TAMPA, FL 33604

City/ State and Zip Code

JOBOZZ@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TOM MCCRIMMON at ( 813 ) 713-1776

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
OCT 16 PM 1:05  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of

TPT GLOBAL TECH, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

M83184

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

600 WEST BROADWAY

SUITE 600

SAN DIEGO, CA 92101

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

600 WEST BROADWAY

SUITE 600

SAN DIEGO, CA 92101

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address: N/A, Florida  
(City)

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

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

\_\_\_\_\_  
Signature of New Registered Agent, if changing

**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                      PT      John Doe

X Remove                      V      Mike Jones

X Add                              SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEOC</u>	<u>THOMAS, STEPHEN J, III</u>	<u>600 WEST BROADWAY</u> <u>SUITE 600</u> <u>SAN DIEGO, CA 92101</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VPD</u>	<u>RICHARD EBERHADT</u>	<u>600 WEST BROADWAY</u> <u>SUITE 600</u> <u>SAN DIEGO, CA 92101</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>PD</u>	<u>ANTHONY THOMPSON</u>	<u>600 WEST BROADWAY</u> <u>SUITE 600</u> <u>SAN DIEGO, CA 92101</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CFO</u>	<u>WALTER REID GREEN</u>	<u>600 WEST BOARDWAY</u> <u>SUITE 600</u> <u>SAN DIEGO, CA 92101</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>FRANCES M. MCCRIMMO</u>	<u>507 EAST COMANCHE AV</u> <u>TAMPA, FL 33604</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>THOMAS MCCRIMMON</u>	<u>507 EAST COMANCHE AVI</u> <u>TAMPA, FL 33604</u>



The date of each amendment(s) adoption: N/A, if other than the date this document was signed.

Effective date if applicable: 10/10/2014  
(no more than 90 days after amendment file date)

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 cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/10/2014

Signature Thomas McCrimmon  
(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)

THOMAS MCCRIMMON

\_\_\_\_\_  
(Typed or printed name of person signing)  
P/D Thomas McCrimmon  
(Title of person signing)