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SECRETARY OF STATE

Mary

COVER LETTER

TO: Amendment Section Division of Corporations METRO ONE PCS & CELLULAR, INC P04000098372 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: METRO ONE PCS & CELLULAR INC Firm/ Company 9960 BUSINESS CIR SUITE 12 Address NAPLES FLORIDA 34117 City/ State and Zip Code MJRICH3@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: - Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & □\$52.50 Filing Fee ■\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building :

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

METRO ONE PCS & CELLULAR, INC

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

P04000098372

(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:

	~			* ** (**	· · ·	. : • •			The new
abb	me must be distinguishable and breviation "Corp.," "Inc.," or Co ne must contain the word "charter	., '-or the	designa	tion:"Co.	rp, $"$ " Ir	c, " or "	Co". 'A pro	fessional co	or the rporation
	Enter new principal office addre incipal office address <u>MUST BE</u>			EESS)		·			
						*		-	
	Enter new mailing address, if a (Mailing address MAY BE A POS) _	<u>.</u>	·			
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	If amending the registered agent new registered agent and/or the					<u>in Floric</u>	la; enter the	e name of th	<u>e</u>
	Name of New Registered Ager								•
. • •	New Registered Office Address	<u>s</u> :		(Floria	a street	address)			- - -
•	The state of the s			(City)		;	, Flo	orida e)	
	w Registered Agent's Signature,	.e	D!-	towal Am		٠,			

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)

<u>Title</u>	<u>Name</u>		Address	Type of Action
<u>T,D</u>	IMRAN RASHEED		9960 BUSINESS CIRCLE SUITE 12 NAPLES FLORIDA 34117	_ □ Add □ □ Remove
	· 			_
E. If amendi	ng or adding additional Articles, en	ter cl	nange(s) here:	
	litional sheets, if necessary). (Be sp			
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provision	endment provides for an exchange, as for implementing the amendment applicable, indicate N/A)	recla if no	ssification, or cancellation of is t contained in the amendment	ssued shares, itself:
	<u> </u>			
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The date of each amenda	nent(s) adoption:	<u> </u>	option is req	2010		
Effective date if applicab	<u>le</u> :				•. 	
	(no more than 9	0 days after a	mendment f	île date)	•	
•	•				÷	
Adoption of Amendment	(s) (<u>CH</u>	ECK ONE)		•	•	
The amendment(s) was			The number	er of votes ca	st for the ame	ndment(s)
The amendment(s) was must be separately pro						
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by	- (voting group)			"		•
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The amendment(s) was action was not required		board of dire	ctors withou	t shareholder	r action and sl	nareholder
The amendment(s) was action was not required		incorporators	without she	areholder acti	ion and sharel	ıolder
Dated	47.1-10 a				•	
Signatur	e G					
. · · · · · · · · · · · · · · · · · · ·	(By a director, presid					
•	selected, by an incorporated fiduciary b			f a receiver,	trustee, or oth	er court
	appointed reduciary t	oy mai nadon	<i>(</i>			
•	_ FAZA	L MI	NEEL		·	
	(Ту	ped or printed	name of pe	rson signing))	
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The state of the s		f person signi				