P15000057632

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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

		<u>COVER LETTER</u>		
TO: Amendment Sect Division of Corpo				55 上 T
NAME OF CORPORATION: SLIM WIRELESS INC				20
DOCUMENT NUMB	BER: P1500005763	32		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		20 MII:52
Please return all corre	spondence concerning this mat	ter to the following:		D 2
	JUAN CARLOS A	LBER		
		Name of Contact Person		_
	ALBER TAX ACC			
		Firm/ Company		
	11401 SW 40TH	ST SUITE 260		
		Address		
		City/ State and Zip Code	2	_
AC	C.ALBER@HOTM	AAIL.COM		
	_	ed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	e call;		
JUAN CARL	OS ALBER	at (305	, 713-9142	
Name of Contact Person		Area Coo	de & Daytime Telephone Num	ber
Enclosed is a check for				
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

SLIM WIRELESS INC			े क्ल <i>स्थि</i>
(Name of Corporation as	s currently filed with the	Florida Dept. of State)	
P15000057632			The state of the s
(Docume	nt Number of Corporation	(if known)	
ursuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following
If amending name, enter the new na	ame of the corporation:		
SLIM WIRELESS PLUS	INC		ž.
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corps	rporated" or the abo
3. Enter new principal office address, if applicable:		55B SW 8TH	ST
Principal office address <u>MUST BE A S</u>		HOMESTEAD	, FL 33030
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		55B SW 8TH ST HOMESTEAD, FL 33030	
. If amending the registered agent an new registered agent and/or the new			ame of the
Name of New Registered Agent	JEMMY L PINE	DA	
	55B SW 8TH S	iT	
	(Florida st	reet address)	
New Registered Office Address:	HOMESTEAD	Floria	_{ia} 33030
Negrativa Office Tracaress.	(City	<u> </u>	(Zip Code)

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 <math>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 Doe					
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>Addreş</u> s				
1) Change	PD	JEMMY L PINEDA	55B SW 8TH ST				
Add			HOMESTEAD, FL 33030				
Remove							
2) Change							
Add							
Remove							
3) Change							
Add							
Remove							
4) Change							
Add							
Remove							
5) Change							
Add							
Remove		•					
6) Change							
Add							
Remove							

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)							
			· · · · · · · · · · · · · · · · · · ·				
		· -					
					-, <u>.</u> -		
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		-					
. <u>If an am</u> e	endment provid	les for an excha	ange, reclassif	ication, or can	cellation of iss	ued shares,	
provisio (if n	ons for impleme not applicable, in	enting the amen indicate N/A)	dment if not o	ontained in th	e amendment i	tself:	
		,					

The date of each amendment(s) adoption: 07/1	4/2015	, if other than the
date this document was signed.		
Effective date if applicable:		
. —————————————————————————————————————	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s) proval.	
	hareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendr	••	
by	,,,	
(voting	g group)	
The amendment(s) was/were adopted by the bo action was not required.	ard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incaction was not required.	corporators without shareholder action and shareholder	
07/14/2015		
Dated 07/14/2015 Signature X	nulsbethlinula	
	ent or other officer - if directors or officers have not been	
selected, by an incorp appointed fiduciary b	orator – if in the hands of a receiver, trustee, or other court	
appointed redefary of	y that riductory	
JEMMY L	PINEDA	
***************************************	(Typed or printed name of person signing)	
PRESIDE	NT	
	(Title of person signing)	