P0800093093

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SECRETARY OF STATE
TALLAHASSEE, FLORID

PO 8/17/11

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: SEND MESSAGE IN EMOSTORY
DOCUMENT NUMBER: <u>P08000093093</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Angeline Dozier Name of Contact Person
Sent Message International, In
1818 NW 126 WAY
Corol Springs, Fl. 33071
nicole Strockeco amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 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:
\$35 Filing Fee
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

•	Articles of An	nendment	- en	
_	to Articles of Inco	orporation	FILED	
(Name of Corporation as curr P & CO	ently filed with		VOLUSTISORM 382 I State RETARY OF SLORID STALLAHASSEE, FLORID] Ir
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statut	es, this <i>Florida Pro</i>	ofit Corporation adopts the fo	ollowing
A. If amending name, enter the new name of	of the corporation	<u>n:</u>		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "probable Enter new principal office address, if applicable (Mailing address MAY BE A POST OFF)	e designation "Ĉi ofessional associa plicable: ET ADDRESS)	orp," "Inc," or "Co	o". A professional corporation	he
D. If amending the registered agent and/or new registered agent and/or the new regi			enter the name of the	
Name of New Registered Agent:				
New Registered Office Address:	(Flori	da street address)		
	(City)		, Florida (Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered of	agent. I am fami			<u>.</u>

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) **Title** <u>Name</u> Address **Type of Action** ☐ Add □ Remove ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: August 9, 2011
Effective date if applicable: (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 8/09/2011
Signature (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)
Angeline Dozler (Typed or printed name of person signing)
President
(Title of person signing)