P0000001582

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SECRETARY OF STATE STORE STORE STATE STATE

AUG 1 1 2016

C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Diversified Teleco	m Services, Inc.			
DOCUMENT NUM	BER: P00000001582				
	of Amendment and fee are su	ibmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Alan D White				
		Name of Contact Persor	1		
	Diversified Telecom Services, Inc.				
	Firm/ Company				
	5447 Haines Rd N STE 421				
		Address	_		
	St.Petersburg, FL 33714				
		City/ State and Zip Code	3		
info@	dtsoffice.com				
-	E-mail address: (to be u	sed for future annual report	notification)		
	n concerning this matter, pleas		051 2001		
Alan D White		at () 951-2991 de & Daytime Telephone Number		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment of State:		
□ \$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)		
Amo Div P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle issee, FL 32301		

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

.2016 AUG - 1 PM 2: 12

Diversified Telecom Services, Inc.		
(Name	of Corporation as currently filed with the	Florida Dept. of State)
P0000001582		
	(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida Profit C</i>	forporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
		The new
	stain the word "corporation," "company," nation "Corp," "Inc," or "Co". A profess ation," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)	- y
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
D. If amending the registered agent ar new registered agent and/or the ne	nd/or registered office address in Florida, e w registered office address:	enter the name of the
Name of New Registered Agent	Alan D White	
	5447 Haines Rd N STE 421	
	(Florida street address)	
New Registered Office Address:	(Florida street address) St.Petersburg	, Florida 33714

Signature of New Registered Agent, if changing

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

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.

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>	Name	<u>Addres</u> s
1) X Change	DP	Alan D White	5447 Haines Rd N STE 421
Add			St.Petersburg, FL 33714
Remove			
2) Change	DP	Charles Moorefield	5447 Haines Rd N STE 421
Add			St.Petersburg, FL 33714
X Remove			
3) Change			
Add			
Remove			
4) Change	<u> </u>		
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
Market Barrer Control of the Control	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

FILEU SECRETARY OF STATE OLYISION OF CORPORIF other than the d as the

i ne date of each amendment(s) a	aopuon.			AL OUICE
date this document was signed.		2016 AUG - I	PM	2:12
Effective date if applicable:				- ''
	(no more than 90 day	es after amendment file date)		
Note: If the date inserted in this document's effective date on the D		statutory filing requirements, this date v	vili no	t be listed
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ad by the shareholders was/were s		ber of votes cast for the amendment(s)		
` '	proved by the shareholders through a each voting group entitled to vote s	voting groups. The following statement separately on the amendment(s):		
"The number of votes case	for the amendment(s) was/were suff	ficient for approval		
by		37		•
•	(voting group)			
The amendment(s) was/were ad action was not required.	opted by the board of directors with	out shareholder action and shareholder		
The amendment(s) was/were ad action was not required.	opted by the incorporators without sl	hareholder action and shareholder		
Dated	7-27-16	-		
Signature	Paulis J. Hor	refield		
		if directors or officers have not been		
	d, by an incorporator - if in the hand ted fiduciary by that fiduciary)	ds of a receiver, trustee, or other court		
	Charles Moorefield			
	(Typed or printed name	of person signing)	-	
	Director/President			
	(Title of per	rson signing)		

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