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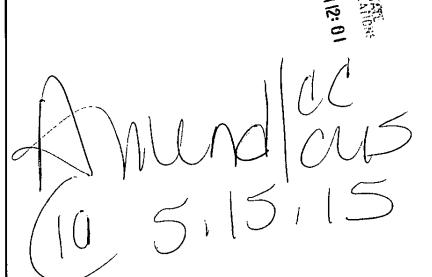
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### **COVER LETTER**

TO: Amendment Section Division of Corporations

The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  BARBARA MELAMED  Name of Contact Person  CELLANTENNA CORRORATION  Firm/Company  12453 NU 44TH STREET  Address  CORAL SPAING S FLORIDA 33065  City/ State and Zip Code  barbara/Jeellanking Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbara Melamed  Name of Contact Person  at 954 340-7053 × 1020 à  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)	NAME OF CORPORATION: CELLANTENNA CORPORATION			
Please return all correspondence concerning this matter to the following:    BARBARA   MCLAMED	DOCUMENT NUMBER: <u>P0200000530</u>			
BARBARA MCLAMED  Name of Contact Person  CELLANTENNA CORPORATION  Firm/Company  12453 NW 44TH STACE T  Address  CORAL SPAING S FLORIDA 33065  City/State and Zip Code  Darbara/QCEllantenna Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbara Melamed  at 954 340-7053 × 1020 a  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:  Certificate of Status  Certificate of Status  Certified Copy  (Additional Copy	The enclosed Articles of Amendment and fee are submitted for filing.			
Name of Contact Person  CELLANTENNA CORRORATION  Firm/ Company  12453 NW 44TH STREET  Address  CORAL SPAING S FLORIDA 33065  City/ State and Zip Code  barbara (Accellantenna Communication)  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbara Melamed  at (954) 340-7053 × 1020 à  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:  \$355 Filing Fee  Certificate of Status  (Additional copy is enclosed)  (Additional Copy	Please return all correspondence concerning this matter to the following:			
CELLANTENNA CORPORATION  Firm/Company  12453 NW 44TH STREET  Address  CORAL SPAING S FLORIDA 33065  City/State and Zip Code  barbara(a)Cell and Pina (OM)  E-mail address: (to be used for future armual report notification)  For further information concerning this matter, please call:  Barbara Melamed at (954) 340-7053 × 1020 2  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:  \$355 Filing Fee \$252.50 Filing Fee Certificate of Status (Additional copy is enclosed) (Additional Copy	BARBARA MELAMED			
Firm/ Company  12453 NW 44TH STREET  Address  CORAL SPRING S FLORIDA 33065  City/ State and Zip Code  Darbos Quell and Ring (COM)  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbara Melamed at 954 340-7053 × 1020 2  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 \$252.50 Filing Fee & Certificate of Status (Additional copy is enclosed) (Additional Copy (Additional Copy	Name of Contact Person			
Address  CCRAL SPAING S FLORIDA 33065  City/ State and Zip Code  Darbara (Accell and No. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbara Melamed  at (954), 340-7053 × 1020 2  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:  \$\Begin{array} \text{335 Filing Fee} & \$\Begin{array} \text{S43.75 Filing Fee} & \$\Begin{array} \text{Certified Copy} & \Certified Copy & \Cert				
Address  CCRAL SPRING S FLORIDA 33065  City/ State and Zip Code  Darbara (Included Longer Companies)  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbara Melamed at 954 340-7053 × 1020 2  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:  \$\Begin{align*}	Firm/ Company			
Address  CCRAL SPAING S FLORIDA 33065  City/ State and Zip Code  Darbasa(2Cell anderna. Com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbasa Melamed at 954 340-7053 × 1020 2  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:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	12453 NW 44TH STREET			
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Barbara Melamed at (954), 340-7053 × 1020 2  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 \$Certificate of Status (Additional copy is enclosed) (Additional Copy (Additional Cop	CORAL SPRINGS FLORIDA 33065			
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For further information concerning this matter, please call:    Barbara Melamed	barbara/acellantenna.com			
Barbara Melamed  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:  \$\Begin{array}{cccccccccccccccccccccccccccccccccccc				
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Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{align*} \text{\$\frac{1}{2}\$} \te	Barbara Melamed 11, 954, 340-7053 × 10202			
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status  Certified Copy  (Additional Copy  (Additional Copy	Name of Contact Person Area Code & Daytime Telephone Number			
Certificate of Status  (Additional copy is Certificate of Status  (Additional copy is Certified Copy  enclosed)  (Additional Copy	Enclosed is a check for the following amount made payable to the Florida Department of State:			
	Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy			
Malling Address Street Address				
Amendment Section Amendment Section  Division of Corporations Division of Corporations				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

## Articles of Incorporation

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

nt(s) to

name must be distinguishable and contain the word "corporation," "company," or "incor	
name musi ve aistinguisnavie ana contain the word-corporation, company, or incor	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corpo word "chartered," "professional association," or the abbreviation "P.A."	poration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the manew registered agent and/or the new registered office address:	ame of the
n / 0	
Name of New Negatered Agent	
(Florida street address)	
New Registered Office Address:	Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent;  I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ons of the position.
Name of New Registered Agent  (Florida street address)  New Registered Office Address:	_, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligation	ons 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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	g Jones	
X Add	SV Sally	· Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	PD	HOWARD MELAMED	12453 NW 44THST.
Add			CORAL SPRINGS, FL 33065
Remove			
2) Khange	CEOST	BARBARA MELAMED	12453 NW 44TH ST
Add			CCRALSPRINGS FL 33005
Remove 3) Change	$\sigma$	SIDNEY KOPPERL	12453 NW 44THST.
Add			CORAL SPRINGS PL 33065
Remove		,	
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	rticles, enter change(s) here:  . (Be specific)
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Pan aman July 4 11 . 8	1 1 10 10 10 10 10 10 10 10 10 10 10 10 10 10
nrovisions for implementing the are	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Engineer if not contained in the amenament isem.
(1) not applicable, matcate (V/A)	
(4) not appacable, matcate (4/A)	
(y not approunte, materia (VA)	
(g not appacasie, mateure MA)	
(9 not appacable, materie (VA)	
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The date of each amendment(s) adoption: April 27, 20/5 date this document was signed.	, if other than the
Effective date if applicable: May 1 2015  (no rhore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
☐ 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 April 27, 20157	
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)	
HOWARD MEIAMED	
(Typed or printed name of person signing)	, <u>, , , , , , , , , , , , , , , , , , </u>
PRESIDENT	
(Title of person signing)	