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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CELLANTENNA CORPORATION
DOCUMENT NUMBER: <u>P0200000530</u>
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 CORPORATION
Firm/ Company
12453 NW 44th STREET
Address CORAL SPRINGS FLORIDA 33065
City/ State and Zip Code
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:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) S35 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

CELLHATENNA CORP	GRATION	
(Name of Corporation as curren	tly filed with the Florida De	pt. of State)
Po20000057	30	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	,	
n	/a	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> </u>	71 AM 71 28
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/q	0:38
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address	<u>ss:</u>	ame of the
Name of New Registered Agent) / Q	
New Registered Office Address: (Florida s	street address) O (City)	Florida(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		ons of the position.
<u> </u>	Q/	
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.

Example: X Change	<u>PT</u>	John Doe					
X Remove	$\underline{\mathbf{V}}$	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s				
1) Change	D	SIDNEY KOPPERL	12453 NW 44th St.				
Add Remove			CORAL SPRINGS, FL 33067				
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 (Attach additional sheets, if necess	ary). (Be	specific)	Ectal HCL	··				
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If an amendment provides for a provisions for implementing th	<u>i exchange</u> e amondme	<u>, reclassific</u>	cation, or	cancellatio	<u>n of issued</u> dment itse	<u>l shares,</u> Je		
(if not applicable, indicate N	<u>; amenume</u> '/A')	in in indexe	лиашец	iii tiie amen	ument use	<u>:11.</u>		
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The date of each amendment(s) adoption: OCNUCYU 23, 2019, if other than the date this document was signed.
Effective date if applicable: Feb 1, 2019
(no more 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 not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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.
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 MELAMED
(Typed or printed name of person signing)
PRESIDENT
(Title of person circina)