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(((H12000162525 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:



## COR AMND/RESTATE/CORRECT OR O/D RESIGN MOBILE MIKE PROMOTIONS, INC.

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https://efile.sumbiz.org/scripts/efilcovr.exe PAGE 01/06 EMPIRE CORP KIT

6/19/2012 9696889908 82:60 2102/61/90

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Mobile Mik	e Promotions, i	nc
DOCUMENT NUM	P0200001384	41	
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Kevin L. Hagen,	Esquire	
	<del></del> ,	Name of Contact Perso	PA.
	Hagen & Hagen,		
		Firm/ Company	•
	3531 Griffin Road	d	
		Address	
	Ft. Lauderdale, F	lorida 33312	
·		City/ State and Zip Cod	le .
For further information	E-mail address: (to be u	sed for future annual report	notification)
Kevin L. Hag	en	**(954	, 987-0515
Name o	of Contact Person	Area Co	987-0515 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$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)
Malling Address Amendment Section		Amend	Address ment Section m of Corporations
Division of Corporations			n or Carporatous

42000162525

2661 Executive Center Circle Taliabassee, FL 32301

Taliahassee, FL 32314

850-817-6381



June 19, 2012

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

MOBILE MIKE PROMOTIONS, INC.

PO BOX 820444

S FLORIDA, FL 33082

SUBJECT: MOBILE MIKE PROMOTIONS, INC.

REF: P02000013841

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H12000162525 Letter Number: 912A00017016

AND JUN 19 AM 8 04 SUFFICE TO SUFFICE THE SUPERIOR OF THE SUPE

P.O BOX 6327 - Tallahassee, Flonda 32314

## Articles of Amendment Articles of Incorporation

Mobile Mike Promotions, Inc.			
Name of Corporation as current P02000013841	ly filed with the Florida De	pt. of State)	
• ====+••••	r of Corporation (if known)		-
Pursuant to the provisions of section 607.1006, Flo is Articles of incorporation:	cida Statutes, this <i>Florida P</i>	rofit Corporation adopts the followin	g smendment(s)
A. If amending name, enter the new name of the	e corporation;		
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Co word "chartered." "professional association," or	orp," "Inc," or "Co". A p	pany," or "incorporated" or the a rafessional corporation name must (	_The new bbreviation contain the
3. Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>		.,	
Enter new mailing address if applicable; (Mailing address MAY BE A POST OFFICE)	<u>BOX</u> )		
). If amending the registered agent and/or regis new registered agent and/or the new register	ntered office address in Flo	rids, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Floridz	•
	(Clb)	(Zip Code)	
isw Resistered Asent's Signature, if changing R hereby accept the appointment as registered agent	legistered Agent; t. I am familiar with and ac	cept the obligations of the position.	
Signature of	New Registered Agent, if ch	anging	

Page 1 of 4

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 shorts, if necessary)

Please note the officer/director title by the first letter of the office title;

P = President; V= Vice President; T= Treasurer; S= Secretory; 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	PT	<u> John Doe</u>	
X Remove	<u>v</u>	Mike lones	
X Add	SY	Sally Smith	•
Type of Action (Check One)	Title	Name	Address
1) Change Add Remove	8	N covar	PO BOX 820444 3 Florida S. Florida, 33082
2) Change Add Remove			
3) Change Add Remove			
4)Change Add Remove	*		
5) Change Add Remove			
6)Change Add Remove			

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	() Newssary).	(Be specific)
<u>.                                 </u>		
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	<u> —                           </u>	
	,	
<u>ovisions for implement</u>	ting the amend	inge, reclassification, or cancellation of insued abares, dment if not contained in the amendment itself:
in smendment provide ovisions for implement (if not applicable, ind	ting the amend	inge, reclassification, or cancellation of insued abares, disent if not contained in the amendment itself:
<u>ovisions for implement</u>	ting the amend	nge, reclassification, or cancellation of insued abaves, dment if not contained in the amendment itself:
<u>ovisions for implement</u>	ting the amend	nge, reclassification, or cancellation of insued shares, dment if not contained in the amendment itself:
<u>ovisions for implement</u>	ting the amend	inge, reclassification, or cancellation of insued shares, diment if not contained in the amendment itself:
<u>ovisions for implement</u>	ting the amend	inge, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
<u>ovisions for implement</u>	ting the amend	nges, reclassification, or cancellation of insued abaves, descent if not contained in the amendment itself:
<u>rovisions for implement</u>	ting the amend	nges, reclassification, or cancellation of insued shares, described in the amoudment itself:

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The date of each amendment(s) adoption: June 1, 2012
Effective data (Farminghia) June 1, 2012
(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 amandment(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
(valing group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amoundment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated June 15, 2012
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)
d = d
(Typed or printed name of person signing)
( - ) Lea as kernen nimp at hersen sistems.
(Title of person signing)
(Title of reman righted)

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