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(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT T	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE
TALLAHASSEE FIRST

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: WIRELESS	SOLUTIONS INT	ERNATIONAL INC
	DER: P030000952		
	of Amendment and fee are s		
Please return all corres	pondence concerning this m	atter to the following:	
	MARTIN GUILFO	OYLE	
		Name of Contact Person	n
	WIRELESS SOL	UTIONS INTER	NATIONAL INC
·	160 CAMINO RE	Firm/ Company EAL, SUITE 303	
•	BOCA RATON,	Address	
	BOCA RATON,	City/ State and Zip Cod	α
		•	·
mai	tin.guilfoyle@gm		
	E-mail address: (to be t	ised for future annual report	nouncation)
For further information	concerning this matter, plea	ase call:	
MARTIN GUI	LFOYLE	at (561	, 542 1969
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is renclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address ment Section
Divis	sion of Corporations	Divisio	on of Corporations
	Box 6327 hassee, FL 32314		Building xecutive Center Circle
rana	11455CC, FL 52514		ussee, FL 32301

Articles of Amendment Articles of Incorporation

WIRELESS SOULTIONS INTERNATIONAL INC

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THE STATE OF THE S	of Amendment
Articles of	to Incorporation
	of B
WIRELESS SOULTIONS INTERNATION	of ONAL INC ne Florida Dept. of State) on (if known)
(Name of Corporation as currently filed with th	ne Florida Dept. of State)
P03000095208	
(Document Number of Corporation	ın (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3651 FAU BLVD, SUITE 400
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	BOCA RATON, FL 33431
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3651 FAU BLVD, SUITE 400
	BOCA RATON, FL 33431
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office addr Name of New Registered Agent	
Name of New Registered Agent	a street address)
Name of New Registered Agent (Florida New Registered Office Address:	. Florida
Name of New Registered Agent (Florida New Registered Office Address:	

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	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name		<u>Addres</u> s	
1) Change Add Remove		<u> </u>			
2) Change Add Remove		<u></u>			
3) Change Add Remove			**************************************		
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

(attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
·	

a residence	2/20/10
The date of each amendment(s) adoption	::
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement oting group entitled to vote separately on the amendment(s):
"The number of votes cast for the byWSI _ Inc	amendment(s) was/were sufficient for approval (voting group)
☐ The amendment(s) was/were adopted by action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators without shareholder action and shareholder
Dated MARCH 28	3th 2012
Signature (By a director, selected, by ar	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iciary by that fiduciary)
•	RTIN GUILFOYLE
1417 (1	(Typed or printed name of person signing)
PRE	ESIDENT
	(Title of person signing)