

P05000052918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

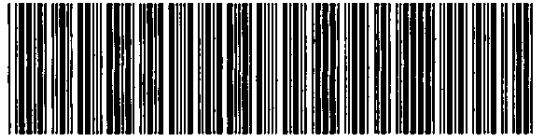
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Amers

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 13 PM 1:46

Roberts NOV 17 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CIPS NETWORKS INCORPORATED

DOCUMENT NUMBER: P05000052918

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonny Adadi

Name of Contact Person

Cips Networks Inc.

Firm/ Company

11450 NW 29th Street

Address

Sunrise FL. 33323

City/ State and Zip Code

Sonny@cipsnetworks.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonny Adadi

Name of Contact Person

at (754) 423-1787

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS

09 NOV 13 PM 1:46

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

Sunrise FL. 33323

Sunrise FL. 33323

_____, Florida
(City) (Zip Code)

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	Tia Roper	3210 NW 94th Way Sunrise FL. 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Morrison Odili	11450 NW 29th Street Sunrise FL. 33323	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Please Remove o/d Ein # 412173277 and
add New Ein # 800502540

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: Nov. 7th, 2009

Effective date if applicable: Nov. 9th, 2009 (date of adoption is required)
(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 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 _____."
(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.

Dated Nov. 7th, 2009

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)

Sonny Adadi

(Typed or printed name of person signing)

President

(Title of person signing)

DATE: NOV. 9TH, 2009

TO: FLORIDA DEPT OF STATE DIVISION OF CORPORATIONS

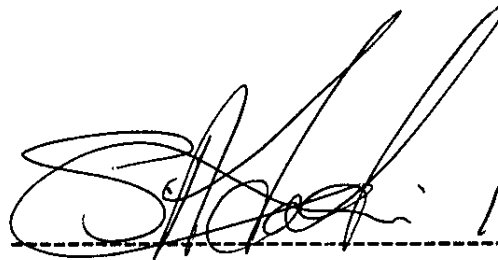
To Whom It May Concern

CIPS NETWORKS INCORPORATED now has a new EIN Number

Which is : 800502540

Please remove Ein # 412173277 and replace it with the new one.

Thanks



11/09/2009

Sonny Adadi