## P05000134227

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	ATION: IMOCOM INC		
DOCUMENT NUMB	P05000134227		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	RAFAEL RIBERO		
-		Name of Contact Persor	1
]	IMOCOM INC		
		Firm/ Company	
9	9263 CHELSEA DRV. N		
		Address	
]	PLANTATION, FL 33324		
		City/ State and Zip Code	
IMOC	OM.INC@IMOCOM.COM.	СО	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
RAFAEL RIBERO		at (305	) 610-8242
Name o	Name of Contact Person Area Code & Daytime Telephone Number		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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 Street Address		
Amendment Section Amendment Section Division of Corporations Division of Corporations			
DIVIS	Division of Corporations Division of Corporations		

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



IMOCOM INC	15 NUV -9 AM 10: 36
(Name of Corporation	as currently filed with the Florida Dept. of State)
P05000134227	
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	oration:
N/A	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	9263 CHELSEA DR. N
(Principal office address MUST BE A STREET ADDR.	ESS ) PLANTATION, FL 33324
_	
-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9263 CHELSEA DR. N
	PLANTATION, FL 33324
D. If amending the registered agent and/or registered new registered agent and/or the new registered off	
N/A	nee address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Signate	ure 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change		N/A	
Add			
Remove			
3) Change		N/A	
Add			
Remove			
4)Change		N/A	
Add			
Remove			<del></del>
5) Change		N/A	
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A

* · · •	10/05/2015			
The date of each amendment(				_, if other than the
date this document was signed.	10/05/0015		Steperat	
Effective date <u>if applicable</u> :	10/05/2015		DIVISITA等是	Literatura Mengyatan
ir applicable.	(no more than	90 days after amendment file date)	15 NOV -9	AM IO: 36
	his block does not meet the apple Department of State's records.	licable statutory filing requirements	s, this date will	not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
The amendment(s) was/were by the shareholders was/wer		he number of votes cast for the ame	ndment(s)	
		rough voting groups. The following o vote separately on the amendmen		
"The number of votes	cast for the amendment(s) was/w	ere sufficient for approval		
by		,,,,		
•	(voting group)			
The amendment(s) was/were action was not required.	e adopted by the board of director	rs without shareholder action and sh	areholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators wi	thout shareholder action and shareh	older	
Dated	Oct 20/10	- 		
Signature				_
		ficer – if directors or officers have n		
	ected, by an incorporator – it in to pointed fiduciary by that fiduciary	he hands of a receiver, trustee, or of	iner court	
441	RAFAEL RIBERO			
	······································	I name of person signing)		
	CEO			
	(Title	of nerson signing)		····