P.05000145407

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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ECRETARY OF STATE LLAHASSEE, FLORIO

T. Roberts OCT 1'8'7000

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: FIREFLY N	ETWORK SOLUTION	ONS INCOF	RPORATED	
DOCUMENT N	UMBER: P05000145407				
The enclosed Arta	icles of Amendment and fee a	are submitted for filir	ıg.		
Please return all c	correspondence concerning th	is matter to the follow	ving:		
МС	NICA Z LAWSON				
	(Name	of Contact Person)			
ZII	MMER & LAWSON ACC	OUNTING SERV	INC		
	(Fi	rm/ Company)			
240	03 STATE STREET				
		(Address)			
TA	MPA, FL. 33609				
	(City/ S	tate and Zip Code)			
For further inform	nation concerning this matter,	please call:			
MONICA Z LAWS	SON	at (<u>813</u>	354-8301		
(Name of Contact Person)		(Area Code	& Daytime T	elephone Number)	
Enclosed is a chec	ck for the following amount:				
□ \$35 Filing Fee		□\$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		Amendment Se Division of Cor Clifton Building 2661 Executive	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment FILED to Articles of Incorpo Pat 1867 /7 PM 4:21

FIREFLY NETWORK SOLUTIONS INCORPORATED LARASSEE, FLORIDA (Name of corporation as currently filed with the Florida Dept. of State)

P05000145407

(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE IV OWNERSHIP PRECENT CHANGED
DELETE HAROLD BRIGHT 9610 MONTAGUE ST TAMPA, FL. 33626
ADDRESS CHANGED: P.O. BOX 270532 TAMPA, FL. 33688-0532 (Mailing Daly
(Attach additional pages if necessary)
If an amendment provides for 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)
(continued)

The date of each amendment(s) adoption: 10-09-06
Effective date if <u>applicable</u> : 10-09-06
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were approved 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.
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)
AARON CLINE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35