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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DOTSERVICES O	CORPORATION	
DOCUMENT NUMB	ER:		· · · · · · · · · · · · · · · · · · ·
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ALAN CASIMIRO		
-	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	1
	DOTSERVICES CORPORA	TION	
- -			
	12727 NW 15th STREET	Firm/ Company	
-		Address	
;	SUNRISE, FL 33323	, Ida 100	
-		City/ State and Zip Code	2
alan.ca	asimiro@dotservices.net		ν
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ALAN CASIMIRO		at (
Name of 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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Co	rporation as currently filed w	ith the Florida Dept. of State)	
DOTSERVICES CORPORATION	P0600005123L		
	(Document Number of Corpora		
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	, Florida Statutes, this <i>Florida I</i>	Profit Corporation adopts the fo	ollowing amendment(s)
A. If amending name, enter the new name of	of the corporation:		
TEGLOBAL CORPORATION			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	"Corp," "Inc," or "Co". A	npany," or "incorporated" or professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if ap			
(Principal office address <u>MUST BE A STRE</u>)	<u>ET ADDRESS</u>)		± 60 €
	···········	-	m m
			711 00 11
C. Enter new mailing address, if applicable	<u>t:</u>		A m
(Mailing address MAY BE A POST OFF.		<u> </u>	
		 -	長さ、 る
		<u> </u>	
D. If amending the registered agent and/or		lorida, enter the name of the	
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent			
	(Florida street addre	ss)	
New Registered Office Address:		, Florida	
	(City)		(Zip Code)
	(City)		(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and	accept the obligations of the po	sition.
	Signature of New Registered	d 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>	<u>John Doc</u>	
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>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
-			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)				
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				- ***	
an amendment provides for an excl	ange, reclassificati	on, or cancellati	ion of issued sh	iares.	
rovisions for implementing the ame	ndment if not conta	ined in the ame	ndment itself:		
(if not applicable, indicate N/A)					
					_ .

	er than the
date this document was signed.	
Effective date if applicable:	_
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the
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 ALAN CASIMIRO "	
(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.	
02/02/2018 Dated	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ALAN CASIMIRO	
(Typed or printed name of person signing)	_
PRESIDENT	

(Title of person signing)