P06000072103

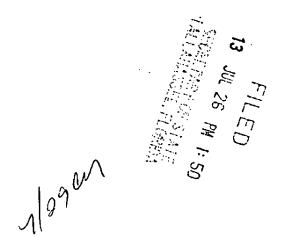
(Re	questor's Name)	1 12 11.		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Triple S Mo	bility, Inc.			
DOCUMENT NUMB	BER: P0600007210	3			
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Sharon Flanagan				
		Name of Contact Person	1		
	Triple S Mobility,	Inc.			
		Firm/ Company			
	13520 Rustic Pine	es Blvd			
		Address			
	Pinellas Park, FL	33781			
		City/ State and Zip Cod	e		
sha	aron@triplesmobili	ity.com			
	E-mail address: (to be us	ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e call:			
Shawn D Bayes at (727) 492-1630		492-1630			
Name	of Contact Person	Area Code & Daytime Telephone Nun			
Enclosed is a check for	r 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)		
Mailing Address		Street Address			
	endment Section	Amendment Section			
	ision of Corporations . Box 6327	Division of Corporations Clifton Building			
	ahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Triple S Mobility, Inc.					
(Name of Corporation as currently filed with the Flo	rida Dept. of State)				
P06000072103					
(Document Number of Corporation (if I	known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this Faits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
N/A	The new				
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	" "company," or "incorporated" or the abbreviation o". A professional corporation name must dontain the				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A ??				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Triple S Mobility, Inc.				
(Manning manifest MATTA BEATTON OF OFFICE BOTY)	7350 Park Blvd.				
	Pinellas Park, FL 33781				
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:					
Name of New Registered Agent Margaret M Baye	<u> </u>				
7350 Park Blvd					
(Florida stree	et address)				
New Registered Office Address: Pinellas Park,	, Florida 33781				
(City)	(Zip Code)				
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	2				

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</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>P</u>	Scott R Ramella	13520 Rustic Pines Blvd
Add			Seminole, FL 33776
X Remove			
2) Change	PVD	Shawn D Bayes	11899 90th Ave N
X Add			Seminole, FL 3772
Remove			
3) Change	STD	Margaret M Bayes	11899 90th Ave N
X			Seminole, FL 33772
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additi	<mark>or adding additi</mark> onal sheets, if ned	COSSORE)	S, enter cha Re enceifie)	nge(s) nere:			
	onai sneeis, ij nei	ressary). (ве ѕресіліс)				
I/A							
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If an amend	ment provides fo	r an avahar	an realessi	Jaction or a	angallation	of issued sh	o roc
nrovisions	for implementing	the amend	ment if not	contained in	the amend	ment itself:	ai es.
(if not a	ipplicable, indica	te N/A)	ment II not	contained in	the amena	ment usen.	
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The date of each amendment(s	03/04/2009	, if other than the
date this document was signed.	N/A	
nature date in appreciable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
_{Dated} 07/2	23/13	
sele	a director, president or other officer—if directors or officers have not been ected, by an incorporator—if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	_
	Shawn D Bayes	
	(Typed or printed name of person signing)	
	President	

(Title of person signing)