P06000102498

(Requestor's Name)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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SEGNETARINE FLORIDA

S. HAWKES

AUG - 2012

EXAMINER

COVER LETTER

Division of Corporations								
NAME OF CORPORATION: Mail Safe INC DOCUMENT NUMBER: POGBODIO2 498								
DOCUMENT NUMBER: P06800102498								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
JAMES L. Collinsworth								
Name of Contact Person May See Inc.								
PO. Bex 3.382								
Firm/ Company P.O. But 3382 Address Address City/ State and Zip Code								
City/ State and Zip Code Mails Fe Inc @ Volume Com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Contact Person at (863) 255 8025 Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount made payable to the Florida Department of State:								
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)								

TO: Amendment Section

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

Articles of Amer to Articles of Incorp	K.
Mail Safe INC.	73/5/10 13 C
(Name of Corporation as currently filed with the Flor	ida Dept. of State)
PO6000102498	
(Document Number of Corporation (if kn	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
·	
A. If amending name, enter the new name of the corporation: Mail Gate Zwa.	
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co word "chartered," "professional association," or the abbreviation "P.A	". A professional corporation name must contain the 1."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2425 84-51.5 #100
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	23619 P.D. Bax 3382 Rivenulew, Fc
D. If amending the registered agent and/or registered office address	33568 s in Florida, enter the name of the
Name of New-Registered Agent Name of New-Registered Agent	Collinsworte
Name of New Registered Agent James L 1/2/0 Runs (Florida street)	
New Registered Office Address: RIVENSIEW (City)	Fc , Florida 3356 9 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	

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)

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.

	X Change	<u>PT</u>	John Doe		
	X Remove	<u>v</u>	Mike Jones		A STATE OF THE STA
	_X Add	<u>sv</u>	Sally Smith		6.0
	Type of Action (Check One)	Title	<u>Name</u>		Address
	1) Change	1	James	T. Collin	work of
	X Add				11210 Running Pine
	Remove				RIVERVIEW FC
	2) Change	_S_	DeboRA	4 L. Collin	23569
	_X Add				P.D. Box 3382
	Remove				Riversiew, Fr
	3) Change		·		33568
	Add				
	Remove				
	4) Change	ST	James L	Collinswor	th 1255 North Maple Aux
	Add				Partow, H 33830
	Remove				
		ND	V=hl.o. 1	avistaa.	willer continu
	5) Change	<u> Y _ </u>	Kimberly L	arren	Victorvilla. CA 92395
	X Add				VICTORVILLE, CRAWIS
	Remove	$\mathcal{D}_{\mathbf{k}}$		، ۱۱ د	
	6) \angle Change	YD	James L	-Collivousi	h
YVE	多0入分				11210 Running Fine Dr. Riverview, FL 33569
	Remove			(Riverview, FL 33561

	•
f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	Tale 13 PM 3. 13
1)/A	
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	

The date of each amendment(s) adoption: August 8, 2012	
Effective date if applicable: August 8, 2012	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	AND THE REAL PROPERTY OF THE PARTY OF THE PA
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):	(y. (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 August 8, 2012	
Signature L. Collinson	
(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)	
JAMES L. Cullinsworte	
(Typed or printed name of person signing) RESIDENT.	
(Title of person signing)	