## P07000006515

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

TO: Ameridment Section
Division of Corporations

| NAME OF CORPORATION: 10.000 cellphones inc   |
|--|
| DOCUMENT NUMBER:   |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:  |
| vincent ashmore  Name of Contact Person  |
| 10,000 cellphones inc  |
| Firm/ Company  |
| 8032 philips hwy ste 17  |
| Address  |
| jacksonville florida 32256   |
| City/ State and Zip Code   |
| vincent@10000cellphones.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call;   |
| vincent ashmore at (904 ) 994-2136   |
| Name of Contact Person 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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  S\$2.50 Filing Fee & Certificate of Status (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle                  |

Tallahassee, FL 32301



November 28, 2011

VINCENT ASHMORE 8032 PHILIPS HWY., STE 17 JACKSONVILLE, FL 32256

SUBJECT: 10000 CELLPHONES, INC

Ref. Number: P07000006515

We have received your document for 10000 CELLPHONES, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 311A00026604

## Articles of Amendment to Articles of Incorporation of

| (Name of Corporation as currently filed with the I  | Florida Dept. of State)                              |
|---|--|
| •   | TO loa Dept. of State                                |
| (Document Number of Corporation (   | if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, amendment(s) to its Articles of Incorporation:  | this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corporation:   |  |
|   |  |
| The new name must be distinguishable and contain the word "corpo<br>abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp,<br>name must contain the word "chartered," "professional association | ""Inc," or "Co". A professional corporation          |
| B. Enter new principal office address, if applicable:   | 8032 PHELIPS HWY STELT                               |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | 8032 PHELIPS HWY STELT<br>JACKSONVILLE FL 32256      |
| 3   |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 8032 PHILLIPS HW STF 17<br>JACKSONVILLE FL 32256     |
|   | JACKSONVELLE FL 32256                                |
|   |  |
| D. If amending the registered agent and/or registered office add<br>new registered agent and/or the new registered office address   |  |
| Name of New Registered Agent:   |  |
|   |  |
| (Florida str  | reet address)  |
| New Registered Office Address:(City)  | , Florida  |
| (City)  | (гір Спае)   |
|   |  |
| New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar   |  |
|   | ,  |
| Signature of New Registered A   | Agent, if changing                                   |

Page 1 of 4

## If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

| Title(s)          | ,            | Name                               |                 | Address   |
|-------------------|--------------|------------------------------------|-----------------|---|
| 1) PRESTO         | ENT          | vincent ashmore                    |                 | 032 philips hwy ste 17<br>acksonville, fl 32256 |
| 2) VICE PA        | 4SIDENT      | linda porn                         |                 | 032 philips hwy ste 17<br>acksonville, fl 32256 |
| 3)                |              |                                    | - <u>-</u>      |   |
| 4)                |              |                                    | _<br>           |   |
| 5)                |              |                                    | -<br><br>-      |   |
| 6)                |              |                                    | -<br>- <u>-</u> |   |
| <u>If REMOVIN</u> | lG an office | r and/or director, please list the | title(s) and i  | name of the officer/director to be removed:     |
| Title(s)          | Name         |                                    | Title(s)        | <u>Name</u>                                     |
| 1)                |              |                                    | 4)              |   |
| 2)                |              |                                    | 5)              |   |
|                   |              |                                    |                 |   |

| <mark>f amending or adding addition</mark><br>attach additional sheets, if noces | sary). (Be s | pecific) |                 |             |
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| provisions for                  | nent provides for an exchange, reclassification, or cancellation of issued shares, rimplementing the amendment if not contained in the amendment itself:   |
|---------------------------------|--|
| · (if not app                   | licable, indicate N/A)   |
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| The date of soot o              | amendment(s) adoption:     -   8 - 20  |
| ne date of each a               | amendment(s) adoption:   |
|                                 |  |
| ffective date <u>if a</u>       | pplicable:    -  |
|                                 | (its more many so days after amenamenty ite date)  |
| J4:                             | (CHECK ONE)  |
| doption of Amer                 | ndment(s) ( <u>CHECK ONE</u> )   |
|                                 | t(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)   |
| by the sharehol                 | ders was/were sufficient for approval.   |
| The amendment<br>must be separa | t(s) was/were approved by the shareholders through voting groups. The following statement tely provided for each voting group entitled to vote separately on the amendment(s):                                   |
| "The num                        | ber of votes cast for the amendment(s) was/were sufficient for approval  |
| by                              | , m  |
| o,                              | (voting group)   |
| The amendment action was not r  | t(s) was/were adopted by the board of directors without shareholder action and shareholder required.   |
| The amendment action was not r  | t(s) was/were adopted by the incorporators without shareholder action and shareholder required.  |
| Γ                               | Dated 11-18-2011 Signature VIII Alou   |
| S                               | Signature V.J.A. Allen   |
|                                 | (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) |
|                                 | (Typed or printed name of person signing)  |
|                                 | (Typed or printed name of person signing)  |
|                                 | PRESIDENT  |
|                                 | (Title of person signing)  |