# PD7000048070

(Re	equestor's Name)	·
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: Amendment Section, Division of Corporations
NAME OF CORPORATION: MOBILE SPECIALITIES /NC
DOCUMENT NUMBER: <u>P07000048670</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Mabile Special Ties / NC  Firm/ Company
1683 BEARDAU AVE SUITE 101 Address
SANFORD F/ 32771 City/ State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Roy FLUHARSY at (407) 466-5693 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2011

**ROY FLUHARTY** MOBILE SPECIALITIES INC 1683 BEARDALL AVE - SUITE 101 SANDORD, FL 32771

SUBJECT: MOBILE SPECIALITIES, INC.

Ref. Number: P07000048670

We have received your document for MOBILE SPECIALITIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 011A00010797

#### Articles of Amendment

to

### Articles of Incorporation of

(Name of Corporation as cur	PECIALITI	oride Nent of State)		
` <del></del>	048670	· · · · · · · · · · · · · · · · · · ·		
(Document Nu	imber of Corporation (if	known)		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		is Florida Profit Corporation ac	lopts the fo	llowing
A. If amending name, enfer the new name	of the corporation:			
name must be distinguishable and contain	LTIES /NC	·	The net	w
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	ne designation "Corp,"	"Inc," or "Co". A professional	ited" or th   corporation	e n
B. Enter new principal office address, if ap	plicable:		<del>- ,</del>	
(Principal office address MUST BE A STRE	<u>ET ADDRESS</u> )			
				9.00
C. Enter new mailing address, if applicable			E A	1505 1503
(Mailing address <u>MAY BE A POST OFF</u>	<u>                                      </u>		_ =	名書きた
			_ FH	00.34 00.44 01.44
•			N	50W F S I
D. If amending the registered agent and/or new registered agent and/or the new reg			f the	
	*		ູ່ມ	<u> </u>
Name of New Registered Agent:	<del> </del>	<del></del>		
New Registered Office Address:	(Florida str	eet address)		
•		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if change				
I hereby accept the appointment as registered	agent. I am familiar w	ith and accept the obligations of t	he position.	
	Signature of New Regis:	tered 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)

Title	<u>Name</u>	Address	Type of Action
<u>D</u>	MATTHEW A. TOWELL	1683 REARDAU AVE	_
	•	SEARDAU AVE. JANFORD FT 3277	Ī
			_ □ Add □ Remove
			_
			_
			_
	•		
	ing or adding additional Articles, enter of ditional sheets, if necessary). (Be specificational sheets)		
(anach aa	(Be specific		
	_		
			<del></del>
···-			
	*		
<del></del> .			
F Ifanam	endment provides for an exchange, recl	assification or cancellation of is	sued shares
provisio	ns for implementing the amendment if n	ot contained in the amendment	itself:
(if no	ot applicable, indicate N/A)		
	<u>-</u>		
	<u>.</u>		

The date of each amendment	(s) adoption: <u>5-/2-20//</u>
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
• Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated	May 12, 2011
šele	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 ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
•	(Title of person signing)